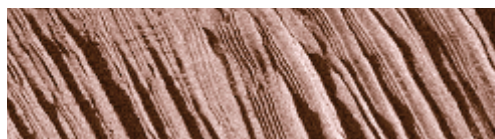# *Millennium* Development *Goals* Reducing Poverty and Social Exclusion

Czech Republic

CESES

Millennium Development Goals Report

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FOREWORD

Dear Reader,

In September 2000, the leaders of 189 member countries of the United Nations adopted the Millennium Declaration. They reaffirmed their resolution to pursue the construction of a secure and peaceful world for everyone, a world in which the elimination of poverty and the pursuit of sustainable development clearly become a top political priority.

Member states have until 2015 to achieve the eight key developmental goals as outlined by the Declaration. The Goals were created to address the most pressing needs of developing countries: access to drinking water and sewage disposal, provision of primary education to all children, eradication of extreme poverty, etc. Some of the goals, therefore are not a strong rallying cry for this country. On others, we may actually set a global example to emulate (e.g. low infant and perinatal mortality, maternal mortality, and gender equality in access to education). Yet now, on the initiative of the UN Development Programme, you can read a report that adapts those eight goals to the conditions of the Czech Republic. With all the circumstances weighed, it does show that all these goals may be of relevance for this country, too, provided they are adjusted to its current level of development.

This report, compiled with the help of many experts and officials of various central authorities and organizations, by the Center for Social and Economic Strategies at the Faculty of Social Sciences of Charles University in Prague, presents an analysis of the past and current development situation of the Czech Republic. It proposes modified goals in a way that makes it possible to accept the political challenge, react to it, and join the effort to secure elementary conditions for the dignified and decent life of billions of people all over the planet.

I hope this report will be a good basis and inspiration for the development of sensible public policies in various walks of life of the Czech society, and a good foundation of the Czech Republic's active share in building a global partnership for development.

Prague, February 2004

Ing. Zdeněk Škromach
Czech Minister of Labour and Social Affairs

FOREWORD

At the Millennium Summit in September 2000, the member states of the United Nations reaffirmed their commitment to work toward a world in which sustaining development and eliminating poverty would have the highest priorities. The Millennium Development Goals are based on the agreements and resolutions of UN-organized and sponsored world conferences during the previous decade. The MDGs have been agreed upon by UN member governments as the commonly accepted framework for measuring development progress.

The goals focus the world community's attention on achieving significant, measurable improvements in people's lives. They establish benchmarks for measuring results, not just for developing countries, but also for rich countries — to help them fund development programmes — and for the multilateral institutions that help countries implement them. The first seven goals are mutually reinforcing and are directed at reducing poverty in all its forms. The last goal — global partnerships for development — is about the means to achieve the first seven.

This baseline report is part of a first attempt to assess the progress of four countries — the Czech Republic, Hungary, Slovakia, and Slovenia — in achieving the Millennium Development Goals at the national level. It does so by focusing on the linkages between global targets and national priorities — in this case, in the Czech Republic. The report seeks to raise public awareness about the Millennium initiative, renew political commitment to poverty reduction, and to focus attention on specific development issues.

As new member states in the European Union (EU), these countries enjoy unique opportunities to adapt the targets to their national contexts. Through this process of adaptation, this report provides a nuanced picture of poverty in these countries on the eve of EU accession, and stresses the need for social inclusion policies that are consistent with the EU's Social Charter. The report also emphasises the countries' obligations as members of the developed world to provide development assistance to poorer countries. Wherever possible, the MDG targets in this report have drawn on the reporting framework for EU member states pertaining to issues of access and inequality (particularly the EU's Social Inclusion Agenda), as well as other national policies and frameworks. The depth and length of the report reflect the development level of the countries and the need for thorough analysis of their complex development issues.

This report was prepared by a team of independent authors with substantial support from experts representing statistical and research institutes. The production of the report is supported by the United Nations Development Programme (UNDP) and coordinated by Prof. PhDr. Potůček. It is the result of several rounds of national consultation and inputs. Similar reports are being produced in all member states.

As the country's accession to the European Union shows, the Czech Republic has made significant progress in putting in place policies and institutions for poverty eradication and sustainable development. UNDP hopes that this report will help policy makers in the Czech Republic to finish the task.

Ben Slay
Director of the UNDP Regional Centre, Bratislava

FOREWORD

This report constitutes our proposal for achievement of the Millennium Development Goals (MDGs) in the Czech Republic. This formulation aims to adapt the general outline of goals, as proposed and passed by the UN, to the specific situation in a country that is striving, after decades under a totalitarian regime, to become integrated into the main stream of international development. The Czech Republic also has to modernize its institutions and transform its values to be able to meet the requirements of the upcoming accession to the European Union.

We have opted for an approach corresponding to this historic situation. Where possible, we have restructured and modified the individual targets to lead the country to accomplish effectively the most pressing tasks in the oncoming decade.

The working versions of this report have been discussed at several meetings of specialists, officials, politicians and representatives of commissioning institutions. We also consulted the contents of reports that were being simultaneously prepared in the neighbouring countries. The report would not have been compiled in such a short time if it had not been for the extraordinary efforts of dozens of cooperating individuals and several institutions.

We believe that the specific formulations of the individual goals will be welcomed by all those able and willing to contribute to the Czech Republic's efforts to assume a leading position in the worldwide endeavour to implement the MDGs by the year 2015.

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ACKNOWLEDGEMENTS

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List of Abbreviations

AIDS — Acquired Immune Deficiency Syndrome

APEL — Accreditation of Prior and Experiential Learning

CEE — Central and Eastern Europe

CIS — Commonwealth of Independent States

EC — European Commission

EU — European Union

GDP — Gross Domestic Product

HDI — Human Development Index

IALS — International Adult Literacy Survey

ICT — Information and Communication Technology

ISCED — International Standard Classification of Education

JIM — Joint Inclusion Memorandum

MDGs — Millennium Development Goals

NAP — National Action Plan

NGO — Non-Governmental Organisation

NHDR — National Human Development Report

NSI — National Statistical Institute

NUTS — Nomenclature of Territorial Units for Statistics

OECD — Organisation for Economic Co-operation and Development

ODA — Official Development Assistance

PISA — Program for International Student Assessment

PPP$ — Purchasing Power Parity (expressed in US dollars)

PRSP — Poverty Reduction Strategy Paper

RBEC — Regional Bureau for Europe and the CIS of the United Nations Development Programme

SMEs — Small and Medium Enterprises

TIMSS — Third International Mathematics and Science Survey

UN — United Nations

UNDP — United Nations Development Programme

WB — The World Bank

EXECUTIVE SUMMARY

In the Millennium Declaration of September 2000, member states of the United Nations reaffirmed their commitment to a secure and peaceful world for all, a world in which the elimination of poverty and the pursuit of sustainable development would be top political priorities. To this effect, they adopted eight key developmental goals, 18 targets, and 48 indicators to direct countries towards measurable and manageable improvements in the living conditions of their inhabitants. These goals are to be implemented by 2015.

This report suggests a way of interpreting and applying the UN Millennium Development Goals in the context of the Czech Republic. At first glance, the Czech Republic appears to have fulfilled the majority of the goals, and to belong among the top performers in many areas. However, a deeper analysis of development trends by the expert team at the Centre for Social and Economic Strategies in Prague has concluded that there are two reasons why the goals are still a challenge for the Czech Republic. First, in a rapidly changing world, simply meeting the goals is not sufficient to guard against future stagnation or even decline. Second, by adapting the 48 proposed global indicators to the Czech context, we may gather important information on this phase of cultural and social development.

Goal 1 calls for a reduction of poverty and social exclusion. Poverty in the Czech Republic is markedly less widespread than in most other transition countries with some indicators suggesting that it is actually lower than the current European Union (EU) average. There exist, nonetheless, social groups whose relative situation continues to worsen and where the threat of poverty looms. As it looks toward the year 2015, the report proposes that the country focus above all on reducing the percentage of low-income single mothers (to 20 %), on fighting social exclusion mainly by lowering long-term unemployment rate (to 3 %) and cutting the number of social benefit recipients (to 400,000). These objectives will

be presented in the 'National Action Plan of Social Inclusion', to be released in 2004.

Goal 2 aims at attaining universal primary education. The report shows that although the Czech education system has met this target, secondary and higher education cannot keep pace with the emerging need for a knowledge-based society. With continuing reforms, the authors suggest, three quarters of young people will be able to complete general or specialized secondary education and half of the population will be able to enrol in some form of tertiary education by 2015. The average duration of education in 2015 should reach current EU levels, (16.7 years as compared to 16 years in 2002).

Goal 3 aims at promoting gender equality and extending women's participation in the economy and society. Although equal access to education is now guaranteed, gender-based inequalities remain in other fields. The report points out the following:

- wages should be determined solely on the basis of performance, not gender (the ratio of women's to men's wages is to increase from the current 73 percent to 80 percent in 2015);
- women's input in decision-making processes needs to be strengthened (the share of women members of parliament is to grow from the present 15 percent to 25 percent by 2015);
- conditions should be created for harmonizing family and working life through legislative changes and increased public services; and
- women should be better protected against domestic violence.

Goal 4 aims at reducing child mortality. Here, the Czech Republic leads in comparison with other nations; the values for infant (4.0) and perinatal (4.5) mortality are well ahead of the WHO goals for the European Region in the early 21st century. It is critical to maintain this standard while also focusing on reducing the share of children with congenital malformations (from 338 per 10,000 live births in 2001 to 200 per 10,000 in 2015).

Goal 5 is devoted to improving maternal health. In particular, the Czech Republic should aim to strengthen women's reproductive health and simultaneously address the issues concerning a rapid decline in birth rates since 1989. By 2015, robust family, population and health policies should result in: a total fertility rate of at least 1.5 (up from 1.17 in 2002); a slight decrease in maternal mortality (from today's 3.2 deaths per 100,000 live births to 3 deaths per 100,000); as well as a slight increase in deliveries attended by qualified medical personnel (from the current 98.5 percent to 99 percent in 2015).

Combating HIV/AIDS, malaria and other diseases is the focus of Goal 6. In the Czech Republic, the specific aim is to keep the incidence of HIV/AIDS infection and tuberculosis at their relatively low, current levels. For the Czech Republic, the report has extended this goal to include other important disease groups. Specifically, reductions are sought in mortality due to:

■ circulatory diseases (from 561 to 350 for men and from 379 to 210 for women per 100,000 inhabitants by 2015);
■ malignant tumours (from 323 to 280—300 for men and from 175 to 160—170 for women per 100,000 inhabitants by 2015); and
■ external causes (from 91 to 58 for men and from 33 to 23 for women per 100,000 inhabitants by 2015).

Goal 7 seeks to ensure environmental sustainability. The Czech Republic's primary goal, as an industrialized country, is the integration of sustainable development principles into policies and programmes to reverse the trend of decreasing natural resources. The share of forests and protected areas is to be stabilized while the energy use per \$1 GDP, carbon dioxide emissions and material intensity are to decline. In addition a specific need to further increase the share of population supplied by water from public sources (89.8 percent in 2002) and those having access to public sewage systems, (77.4 percent in 2002) is identified.

Goal 8 deals with global partnership for development. Given its new political and economic status, the Czech Republic began to provide aid to developing countries in 1995. In 2002, this assistance amounted to approximately 50 million USD (0.065 percent of GNI). At that time, the Czech Government adopted a new concept of developmental cooperation to take it through 2007. This concept envisages the establishment of a specialized Czech Development Agency, long-term funding of programmes, further growth in total aid volumes and increasing overall aid efficiency and transparency. Harmonization of Czech development aid with EU and OECD Member States is also part of the agenda. Ensuring an active role for the Czech Republic among the donors of development aid requires more attention on the part of all actors through 2010.

This report should act as a guide for the Czech Republic in the global effort to implement the goals of the UN Millennium Declaration. It will inspire other actors to join the permanent debate on the country's desired developmental goals and on the state of its progress on the threshold of the third millennium.

INTRODUCTION

The state of the world is worrisome. This situation, however, is not caused by local monetary crises, armed conflicts or regional ecological catastrophes. Despite the unprecedented economic development during recent decades, we are still unable to guarantee billions of people the basic requirements of a decent life: access to potable water, freedom from hunger and shelter over their heads. If children do not have access to education, their life opportunities will be irrecoverably limited far into the middle of the 21st century. Moreover, disparities in life conditions and economic opportunity of people tend to deepen even further, both in individual countries and in various regions of the world.

These were the main reasons motivating the heads of 147 member states of the United Nations to adopt the Millennium Declaration in September 2000. A total of 189 member states reaffirmed their intent to build a secure and peaceful world for everyone, a world in which elimination of poverty and sustainable development are given the highest political priority. At the same time, they adopted eight key developmental goals, 18 subordinate targets and 48 indicators to help countries work towards concrete and measurable improvements in the life conditions of their inhabitants. This set of instruments was being formulated as early as the 1990s and the overwhelming majority of the goals are to be implemented by 2015. The validity and relevance of the Millennium Development Goals (MDGs) was again confirmed by the World Summit on Sustainable Development in September 2002.

At the beginning of summer 2003, representatives of the United Nations Development Programme invited the Center for Social and Economic Strategies (CESES) at Charles University's Faculty of Social Sciences to participate in the adaptation of these goals for the Czech Republic (CR). The results of this cooperation, undertaken both by employees of the abovementioned centre and members of other research centres and state administration organizations, are presented in this study. The study is part of a group of four MDG reports for Central European countries — Czech Republic, Hungary, Slovak Republic and Slovenia. All four national reports are also included in a summary report covering the whole region.

The most demanding task for us was to elaborate a fitting interpretation and application of the goals contained in the UN Millennium Declaration for the situation in the Czech Republic. At first glance, it appeared that these were mostly goals in which the Czech Republic did not rank among the pupils who are falling behind. On the contrary, in some cases it was even at the top of the class. However, a more detailed analysis of developmental trends brought us to a more balanced viewpoint and the conclusion that all the goals were relevant for the Czech Republic as well. Our assumption was grounded in two main reasons. First, in a quickly-transforming world, even the favourable present situation cannot prevent potential deterioration in the future. Therefore, we must constantly monitor development to prevent possible future threats. Second, by adapting the 48 general indicators to national circumstances, we can have an appropriate and useful tool even in a country at this level of social and economic development.

It is up to readers now to assess how we have coped with the given assignment. We will be happy to receive comments and suggestions. We promise to try to make use of them in our future work on this subject, which we, along with UN representatives, consider to be among those whose solution can significantly contribute to the advancement of the human lot and the quality of governance both on a national and global scale.

Developmental trends in the Czech Republic during the 1990s

The end of the 20th century and the beginning of the 21st century represent a remarkable phase of development for the Czech Republic. In the introductory part of our study we would like to briefly describe the most significant aspects of this development as they were — and still are — reflected in the living conditions of the population. The political collapse of the socialist regime in 1989 induced changes that have been continuing ever since. This collapse, however, was also caused by a stagnating and inefficient economy and increasing discontentment of the population with the authoritarian political system.

The subsequent development in the Czech Republic was not very different from that in the neighbouring post-communist countries. Although democratic political institutions were promptly established, they were limited by the considerable inexperience with democracy of both citizens and political representatives. The fate of Czechoslovakia was sealed after the elections of June 1992 and at the end of that year it was divided into two new states, the Czech Republic and Slovakia. The subsequent massive transfer of state property into private hands did not exclude large-scale material and moral losses caused by an insufficient institutional framework governing the privatization process. The structure of the economy began adjusting to the demands of the world economy, undergoing a massive reorientation from east to west. Unemployment, previously unknown, noticeably affected the lives of hundreds of thousands of people. Another significant process was initiated by the decision of political representatives — and eventually confirmed by a national referendum — to accede to the European Union (EU). The influence of pre-accession preparations and EU requirements is now visible in all the spheres of life. The legal environment is being transformed with regulators adjusting the activities of individuals and institutions. Furthermore, since 2000, the 1993 Copenhagen accession criteria emphasizing the advancement of political democracy and a market economy have been complemented by the requirements of the Lisbon strategy to build a knowledge-based and competitive economy while increasing employability and reducing skill gaps. Finally, since June 2001, the strategy of sustainable development has also been adopted.

There are certain specific aspects of the Czech Republic's development that distinguish it from its neighbours. The threat of unemployment and poverty closely associated with the post-communist transformation, was not only anticipated in the Czech Republic well in advance, but also promptly countered by institutional mechanisms aimed at combatting these phenomena. In the early 1990s, a dense network of labour offices came into existence, as a vehicle of the state employment policy. The concepts of subsistence minimum and social need were introduced, preventing endangered population groups from falling into poverty. Despite numerous failures and incongruities in capacity, the relatively well-functioning networks of public schools and health institutions ensuring universally accessible health care were preserved and further improved. Civil society actors energetically entered the spheres of social care and health care as well as education. With respect to the pressing ecological situation caused by the previous regime, the newborn Czech state decided to make huge investments in the restoration of the environment. As a consequence of all these efforts, the Czech Republic has made a good start in the right direction. With sufficient political will and administrative competence, by 2010 the country could be safely on the path towards an economically prosperous and, at the same time, socially and globally responsible society.

Eradicate Extreme Poverty and Hunger

1 *Goal*

Target 1: Reduce poverty among single mothers

The access to the labour market for single mothers became more difficult and the share of single mothers who are relatively poor increased almost three times in the Czech Republic during the 1990s.

Target 2: Reduce long-term unemployment

Active labour market policy needs to focus on decreasing long-term unemployment, which increased up to 9 percent. Specific population groups and specific regions within the country experience long-term unemployment disproportionately.

Target 3: Reduce the number of recipients of social benefits

Along with long-term unemployment, during the 1990s, the gradual increase in the number of households registered by social offices as households in social need became alarming.

Targets and Indicators for Goal 1:

Eradicate Extreme Poverty and Hunger (M. Kotýnková)

Indicators		1990	Mid 1990s	2015	
	Target 1: Reduce poverty among single mothers				
	1. Low income rate of single mothers (in %)	13.00	34.90	20.00	
		1994	**(2000)** **2002**	**2015**	**EU 2000**
	Target 2: Reduce long-term unemployment				
	1. Long-term unemployment rate (per labour force, in %)	0.9	(4.1) 3.8	3.0	3.6
		1995	**2001**	**2015**	
	Target 3: Reduce the number of recipients of social benefits				
	1. Number of recipients of social benefits (in thousands)	329	471	400	

Note: Low-income rate of single mothers is a percentage of single mothers living in households where the total equivalised household income is below 60 % of the national equivalised median income out of total of single mothers (see EU indicators of social exclusion).

DESCRIPTION

Based on the UNDP human development index, the Czech Republic is currently 32nd among the monitored 175 countries and, therefore, belongs to the group of industrialized countries. Nonetheless, it is necessary to monitor and alleviate poverty and social exclusion of vulnerable groups in the population. The extent of poverty in the Czech Republic is not very great. The absolute poverty line applied in Czech social practice (i.e. the subsistence minimum regularly derived according to consumer prices) is USD 9.70 per day. Below the absolute poverty line one tends to find those who do not receive sufficient social care.[1] However, more and more people find themselves in the position of social exclusion as a consequence of increasing unemployment, particularly long-term unemployment.

The targets for reduction of poverty and social exclusion are:

- ■ Reduce poverty among single mothers;
- ■ Support employment by stopping the decrease in employment and the increase in unemployment; and
- ■ Reduce dependence on social benefits.

STATUS AND TRENDS

Situation in general

The fight against poverty and social exclusion is beginning to acquire importance in the Czech Republic, particularly in the context of the Czech Republic's growing engagement in the European strategy on this topic. The meeting of candidate countries and the European Commission on 13 February, 2002 set out specific measures to be taken to prepare the integration of the Czech Republic into this European strategy. In July 2002, a seminar on social inclusion was held in Prague, attended by representatives of the Commission, all the involved ministries, local and regional authorities, social partners, non-governmental organizations and the university. The document on the national strategy of social inclusion will be the Common Memorandum on Social Inclusion, whose objective is to set out the basic priorities of the social inclusion policy. It is to be ratified by the end of 2003 and will serve as the cornerstone for the National Action Plan of Social Inclusion to be submitted by the Czech Republic in 2004.

[1]   Based on an analysis of the results of the 'Social Situation of Households' enquiry, implemented by the Czech Statistical Office in 2001 in compliance with the Eurostat regulations, incomes of 3.4 percent of households (134,500) and 4.3 percent of the population (432,600) were below the subsistence minimum.

The objectives of social and economic inclusion are also included in the Programme Declaration of the Government of the Czech Republic issued in 2002. This declaration contains a strategic goal in the field of employment calling for full employment, "The priority objective of the active employment policy will be primarily the most intense reduction of unemployment, focused on the regions of northern, central and southern Moravia and north-western Bohemia. The Government shall support those projects whose implementation will significantly contribute to the creation of new vacancies, preferably in the endangered regions, and to the further development of small-scale and medium-scale enterprises. It will strive to make people find motivation to seek and keep their jobs."

In 1999, the Czech Republic ratified the Social Charter of the Council of Europe, thus pledging to provide assistance to all those who find themselves in a situation of material need. In the second half of the 1990s, the Social Doctrine of the Czech Republic was elaborated and the implementation of this document represents a part of the coalition agreement of political parties.

Absolute poverty

When examining poverty, it generally holds true that there are more households with children at the lower-income level than childless households. If low income households are classified as households whose income does not exceed 1.6 times the subsistence minimum,[5] then this category comprises 15 percent of the total number of two-parent

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BOX 1.1:   Poverty and Social Exclusion in the Czech society

a) Poverty

Two concepts of poverty provide the basis for its measurement:

■ **Absolute poverty** is based on a determination of the absolute poverty line. In Czech social practice, this line is represented by the subsistence minimum required to claim social benefits in compliance with effective regulations set down in Law № 463/1991 on the subsistence minimum and in Law № 482/1991 on social need. Both laws were adopted in 1991 as part of a social reform effort whose aim was to ensure the social transparency of the economic transformation.[2] At present, the minimum income of a single-person household is 4,100 Czech crowns (CZK) per month, which in purchasing power parity terms is equal to USD 9.70 dollars per day (purchasing power parity (PPP) of USD 1 is 14.12 CZK).

■ **Relative poverty** is defined in relation to the overall prosperity of a given country or, in other words, is based on detected income inequalities. Within the European Union the relative poverty line has been determined to be 60 percent of the national equivalised median income.[3] In 1996, 7.6 percent of the population and in 2001, 7.9 percent were below the poverty line as defined above in the Czech Republic.

b) Social exclusion reflects the access of individuals and entire groups of population to the elementary resources of society, namely their access to the labour market, education, housing and health care. The most serious problem is the fall in access of disadvantaged groups to the labour market as a consequence of increases in unemployment since 1997. While in the first half of the 1990s the unemployment was low and in 1996 amounted to a mere 3.9 percent, in 2002 it reached 7.3 percent, and long-term unemployment in the labour force increased from 1.1 percent (in 1996) to 3.8 percent (in 2002).[4]

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families and over 20 percent of the total number of single parent families. With minor exceptions, single-parent households with children are headed by single women, either divorced or unmarried. By contrast, two-parent households without dependent children almost never fall into this zone and single-person households are represented by a mere 5 percent.[6]

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[2]   Regulations for the provision of social benefits are set down in Law № 463/1991 on the subsistence minimum, and Law № 482/1991 on social need. Law № 463/1991 on the subsistence minimum, does not substantiate the claim to social benefits, but provides a criterion for the comparison of real household income and subsistence minimum, that the state pledges to guarantee to its citizens. Social benefits are paid as a difference between the amount of the subsistence minimum in a given household and its real income.

[3]   The household income was calculated according to the OECD 2 equivalence scale. See explanatory notes.

[4]   Czech Statistical Office, 'Labour Force Survey'.

[5]   In Czech social practice, the 1.6 multiple of the subsistence minimum represents a significant limit for the provision of social benefits to a family with children.
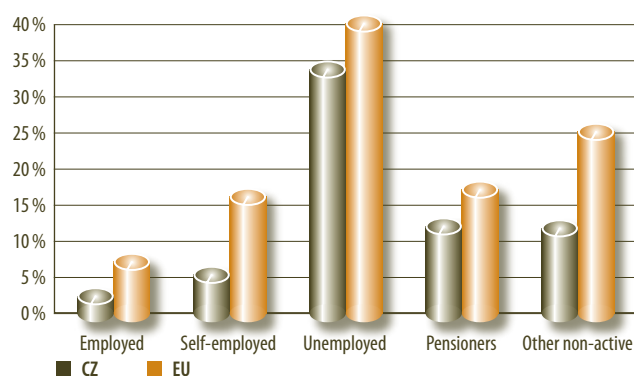
[6]   Data from 'Family Budget Enquiry 2001' published in: Sirovátka T. et al., 'Low Income Households and Social Benefits', Research Institute of Labour and Social Sciences, October 2003, pp. 10—18.

Relative poverty according to the EU indicators of social inclusion

According to Eurostat methods of measuring relative poverty, the extent of poverty in the Czech Republic is low — less than 50 percent

Figure 1.1

Low income rates by economic status in the Czech Republic and the EU

Source: Based on the indicators of social inclusion from the Czech Statistical Office and the Council of European Union, 'Draft Joint Report on Social Inclusion — Part III: Annexes', Council of European Union, Brussels, 12 December 2001.

Figure 1.2

Increase in poverty of single mothers in the Czech Republic and selected European countries (in percent)
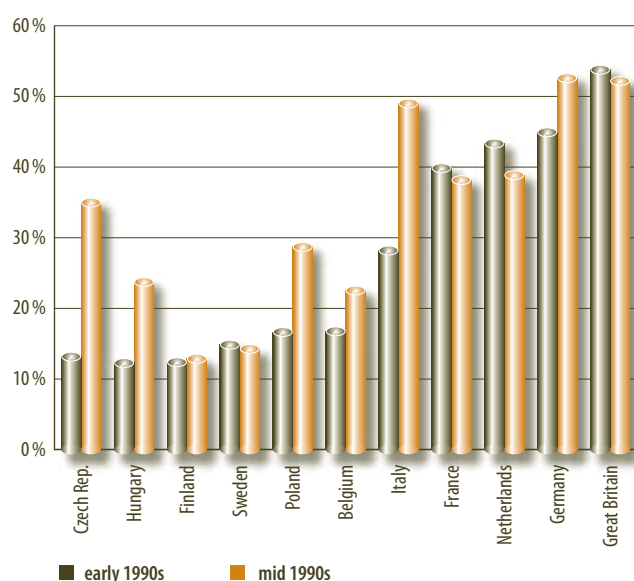
Source: Sirovátka T. et al., 'Low Income Households and Social Benefits', Research Institute of Labour and Social Sciences, October 2003, p. 28.

of the average poverty rate in the European Union. In 1996, only 7.6 percent of individuals were living in households below the defined relative poverty line compared to 17 percent in the European Union. However, substantial differences exist according to the economic status of people, both in the Czech Republic and in the EU. Within unemployed people, the proportion of those living in poverty is the highest (see Figure 1.1).

The risk for single mothers of falling below the poverty line increased in the first half of the 1990s. The share of those who are relatively poor in this group increased almost three times in the Czech Republic, i.e. much more quickly than in the other European countries. One third of single mothers were living in poverty in the mid 1990s (see Figure 1.2).

Measured by the EU social inclusion indicators, there are lower income differences in the Czech society compared to the European Union.[7] The low level of income inequality in the Czech society and the derived low poverty rate can be, to a certain extent, influenced by that part of income that is not returned since it comes from the unofficial economy. The extent of unofficial economy can be only estimated: the share of illegal economy in GDP is estimated to be 15—20 percent.

Employment and unemployment

The labour participation of the population prior to 1989 was relatively high and unemployment virtually did not exist. During the 1990s, employment levels decreased continuously, as evidenced by the drop in the percentage of the population employed from 69 percent in 1993 to 65.7 percent in 2002. The total employment rate is nevertheless still higher than the average rate in the EU where it was 64.2 percent in 2001.

However, the trend in unemployment during the 1990s was very alarming. Until the mid 1990s, unemployment stagnated with the rate ranging from 3 to 4 percent. In 1997, unemployment began rapidly increasing and

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[7]   In 1996, the indicator of distribution of income (№ 2) reached 3.3 in the CR while 5.6 in the EU and the value of the Gini coefficient (№ 14) was 24.3 in the CR compared to 32.0 in the EU. (For definitions of indicators — see explanatory notes).

Table 1.1:

Trends in employment and unemployment during the 1990s (in percentage terms)

	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
Economic activity rate [1]	61.4	61.6	61.6	61.2	61.2	61.0	61.0	60.4	60.0	59.8
Employment rate [1]	69.0	69.2	69.4	69.3	68.7	67.5	65.9	65.2	65.3	65.7
Unemployment rate [1]	4.3	4.3	4.0	3.9	4.8	6.5	8.7	8.8	8.1	7.3
Long-term unemployment rate [1]	n.a.	0.9	1.0	1.1	1.3	1.9	3.1	4.1	4.4	3.8
Registered unemployment rate [2]	3.0	3.3	3.0	3.1	4.3	6.0	8.5	9.2	8.5	9.2

[1] Source: Czech Statistical Office — Labour Force Survey.
[2] Source: Administration of Employment Services, Ministry of Labour and Social Affairs.

in 1999, the unemployment rate stabilized at the level of 8—9 percent. The increase in the long-term unemployment was particularly fast (see Table 1.1).

Unemployment is now characterized not only by a high share of long-term unemployment, but also by regional differentiation and by the appearance of population groups whose access to the labour market is restricted and who live on social benefits for long periods of time. These groups are excluded not only from the labour market, but also from other parts of life in the society. In this context, it is necessary to mention the Roma population that has been gradually excluded from the labour market (unemployment in this population is estimated at 80—90 percent) and pulled into the trap of poverty and dependence on social benefits.

The unfavourable development of unemployment is also one of the main reasons for extreme social exclusion, or homelessness. This phenomenon, however, was induced by a number of causes in addition to the abovementioned unfavourable development in the labour market, including the absence of public policies to combat homelessness (e.g. building of subsidized housing, care for individuals leaving institutional care such as children's homes and the de-institutionalization of psychiatric treatment

in the early 1990s). The phenomenon has been aggravated by insufficient capacity in community services. [8]

Specific issues

Dependence on social benefits

Along with long-term unemployment, during the 1990s, the gradual increase in the number of households registered by social offices as households in social need became alarming. Furthermore, the structure of these households underwent certain

Figure 1.3

Trends in the number of social need households (1995 — 2001)
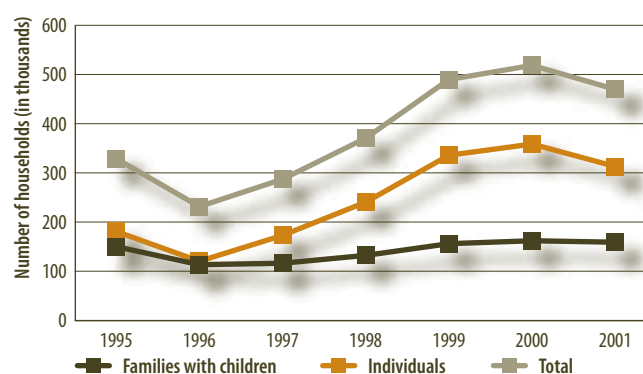
Source: Ministry of Labour and Social Affairs, 'Basic Indicators in the Sphere of Labour and Social Security Scheme in the Czech Republic', Ministry of Labour and Social Affairs, Prague, 2003, p. 33

[8] Říčan, 'MF DNES' daily, 21 September 2002.

transformations at that time since the share of single-person households was on rise. In 2001, the latter accounted for 66 percent and households with children constituted the remaining 33 percent, whereas in 1995, the share of single-person households represented 55 percent and households with children comprised 45 percent. This is shown in more detail in Figure 1.3.

POLICIES FOR GOAL ACHIEVEMENT

Over the course of the 1990s, the access of women with children to the labour market became more difficult. Single mothers depending solely on their income and social benefits suffered from this situation and entered the poverty zone. Therefore, it is necessary to focus on facilitating their access to the labour market and on increasing social benefits. The aim is to reduce poverty among single mothers in 2015 to 20 percent.

The decrease in long-term unemployment will have to be aided by an active employment policy. In 1998, expenditure on active employment policy represented merely 0.05 percent of GDP and, despite the increase to 0.19 percent of GDP in 2001, this level of expenditure is low compared to the average in the EU (0.33 percent of GDP in the EU).[9] The aim is to reduce long-term unemployment in 2015 to 3 percent.

The creation of the social rescue network in the early 1990s, during the economic transformation process, prevented population groups in danger of unemployment from falling into poverty. However, during the 1990s, a certain part of the population simultaneously developed dependency on social benefits, thus moving from life in "mainstream" society to the position of social exclusion.

The elimination of social exclusion is countered by the goal-oriented distribution of social benefits. The level of social benefits is set to motivate the unemployed to search for, accept and keep jobs and to force out of the circle of recipients those who do not belong or do not have to belong there. This end is achieved by the system of bonuses awarded to those who are interested in finding a job and by sanctions on those who abuse the social scheme. In other words, the aim is pursued by means of differentiated levels of social benefits provided to people in material need. In Czech social practice these are social care benefits provided according to law and social need. At present, the issue of the differentiated level of social need benefits is open to discussion. Recipients of benefits will be motivated by a reduction in their social need benefits from the level of subsistence minimum to the level of existence minimum with the aim to more intensely activate the long-term unemployed people. In this scenario, benefits will represent stepping stones rather than an obstacle on the way towards employment. The aim is to reduce the number of recipients of benefits in 2015 to 400,000.

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[9]   Ministry of Labour and Social Affairs, 'European Strategy of Employment and the Czech Republic, Basic Documents', Prague, 2003.

Achieve Universal Primary Education

2 *Goal*

Target 1: Enable three quarters of young people to pass secondary education at grammar or technical schools

On the whole, the Czech Republic shows one of the highest shares of secondary school students in the OECD countries. However, a shift from vocational schools to grammar or technical schools within secondary education is needed.

Target 2: Ensure one half of the related age group the opportunity to enter one of the forms of tertiary education

The knowledge society requires qualified people with more than a secondary education. In the Czech Republic, the capacity of tertiary education is insufficient and the contents of education with respect to functional literacy as well as to demands and needs of the labour market have to be aligned with EU standards.

Target 3: Prolong the average duration of the education process and thus match the current average in the countries of the European Union

New European trends in lifelong and professional education need to be applied, particularly in acknowledging informal qualifications and in formalizing labour experience.

Targets and Indicators for Goal 2:

Achieve Universal Primary Education (J. Kalous)

Indicators		1990	2000	2001	2015	EU 2000
	Target 1: Enable three quarters of young people to pass secondary education at grammar or technical schools					
	1. The share of newly-enrolled students at grammar or technical schools per the size of the respective population group of 15 (or 14) year-olds (in %)	41.0	60.3	64.0	75.0	n.a.
	2. The share of newly-enrolled students at grammar schools per the size of the respective population group of 15 (or 14) year-olds (in %)	13.9	18.0	19.1	30.0	n.a.
	Target 2: Ensure one half of the related age group the opportunity to enter one of the forms of tertiary education					
	1. The share of newly-enrolled students in tertiary education per the size of the population group of 19 (or 18) year-olds (in %)	20.4	36.7	39.7	50.0	49.0
	Target 3: Prolong the average duration of the education process and thus match the current average in the countries of the European Union					
	1. Expected duration of education of a 5 year-old child (in years)	14.7	16.0	16.0	16.7	16.7

Note: Specification of the targets is based on Ministry of Education, Youth and Sport, 'Main Goals of the Education Policy in the Czech Republic', (Government Resolution 7 April 1999).

DESCRIPTION

Over two thirds of the population of the Czech Republic is still satisfied with their education. The Czech educational system can indeed boast of several assets: it provides education for a large share of children of pre-school age; the network of primary and secondary schools is exceptionally dense; schools are vested with extensive authority; and pupils usually show good results in international comparisons.

Although the school system, unlike the health care system or industry, avoided an extensive, internal, transformational crisis, it has shown several disturbing trends over a longer period. The Czech school system as such has not changed for the worse. However, what has changed — and is still changing — is the environment in which the school system operates and with which it can no longer keep pace. We find ourselves on the threshold of the "knowledge society" whereas the Czech school system still demonstrates the attributes of the industrial era, i.e. the mass and short-term preparation of an inexpensive labour force.

STATUS AND TRENDS

Situation in general

Almost all people in the Czech Republic receive schooling in the early stages of their lives. Over 85 percent of children of related age frequent nursery schools. Attendance at such schools is voluntary and paid.

Mandatory school attendance begins at the age of six and lasts for nine years, corresponding to the duration of primary school education. Less than 2 percent of children do not complete primary school. In the coming five-year period the number of children entering primary schools will decrease by approximately 15 percent, while in the ensuing five years (in 2010) it will slightly increase, but not return to 2000 levels. It will be a consequence of fertility decline during the 1990s.

Ninety-eight percent of graduates of primary schools enrol at one of three types of secondary schools. Of these (in the 1999/2000 academic year), less than one fifth enrolled at general secondary schools (grammar schools), less than two fifths entered technical secondary schools and more than two fifths entered vocational secondary schools. On the whole, the Czech Republic shows one of the highest shares of secondary school students in the OECD

countries. If the criteria for learning were the completion of a higher secondary education (ISCED 3),[10] the Czech Republic would hold second place on OECD education levels. In five years, the number of 15-year-olds in the population will decrease by 4 percent compared with this year, and in ten years it will decrease by 28 percent. The current surplus capacity of secondary schools will thus worsen.

The knowledge society requires qualified people with more than a secondary education and it is exactly here that the Czech Republic shows a huge deficit. The capacity of tertiary education is insufficient and many applicants are not admitted for capacity reasons. Even though the number of students at the tertiary education level doubled over the last decade owing to the more numerous generations of respective age and to the so-called "postponed demand" (from those who were not admitted in the previous years), every year the demand for university studies markedly exceeds the supply. Even if we take into account the possibility of studying at newly established higher professional schools (post-secondary type of schools), aspirations to continue studying are still much higher than actual available opportunities.

The prejudice that only selected individuals in society can enjoy a higher education has taken deep root in the Czech Republic. However, if the aim is to catch up with the EU, where 22 percent of the economically active population has more than a secondary education (whereas in the Czech Republic it is 11 percent), 500,000 adult Czech citizens would have to complete their tertiary education!

While in industrialized countries the number of adults educated outside the school system has exceeded the number of young people educated within it, in the Czech Republic lifelong learning is still underdeveloped. For instance, the expenditures made on education by Czech companies are approximately one half of the EU average.

Specific issues

A constant source of criticism remains the unsatisfactory conditions of education among members of the Roma community, the latter comprising the majority of students from socially and culturally disadvantaged environments. Particularly controversial is the fact that a large portion of these students frequent special schools, which virtually — although not officially — reduce their chances of achieving higher education levels and impede social integration. In vocational training these students are more often directed towards blue-collar occupations. The percentage of Roma students attending special schools cannot be determined precisely and no qualified estimates are available. The problem is being addressed through special preparatory classes, Roma assistants, etc., but there is still much to be improved.

POLICIES FOR GOAL ACHIEVEMENT

■ Modernize the contents of education with respect to the broad development of the individual (with a particular emphasis on functional literacy) as well as to demands and needs of the labour market (with a special concern to restructuring the tertiary education system so that it better complies with the Bologna Declaration);
■ Emphasize the optimal relationship between the structure and number of graduates and requirements of employers considering the possibilities offered by the labour market;
■ Introduce a system of framing educational programmes that specifies the required qualification of graduates and respective contents of education on the level of each of the subject fields;

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[10] Educational level 3 of the International Standard Classification of Education (ISCED) covers completion of all types of upper secondary schools, i.e. grammar and technical schools as well as vocational schools. See explanatory notes.

Figure 2.1

Participation in education in the Czech Republic as of January 1, 2000
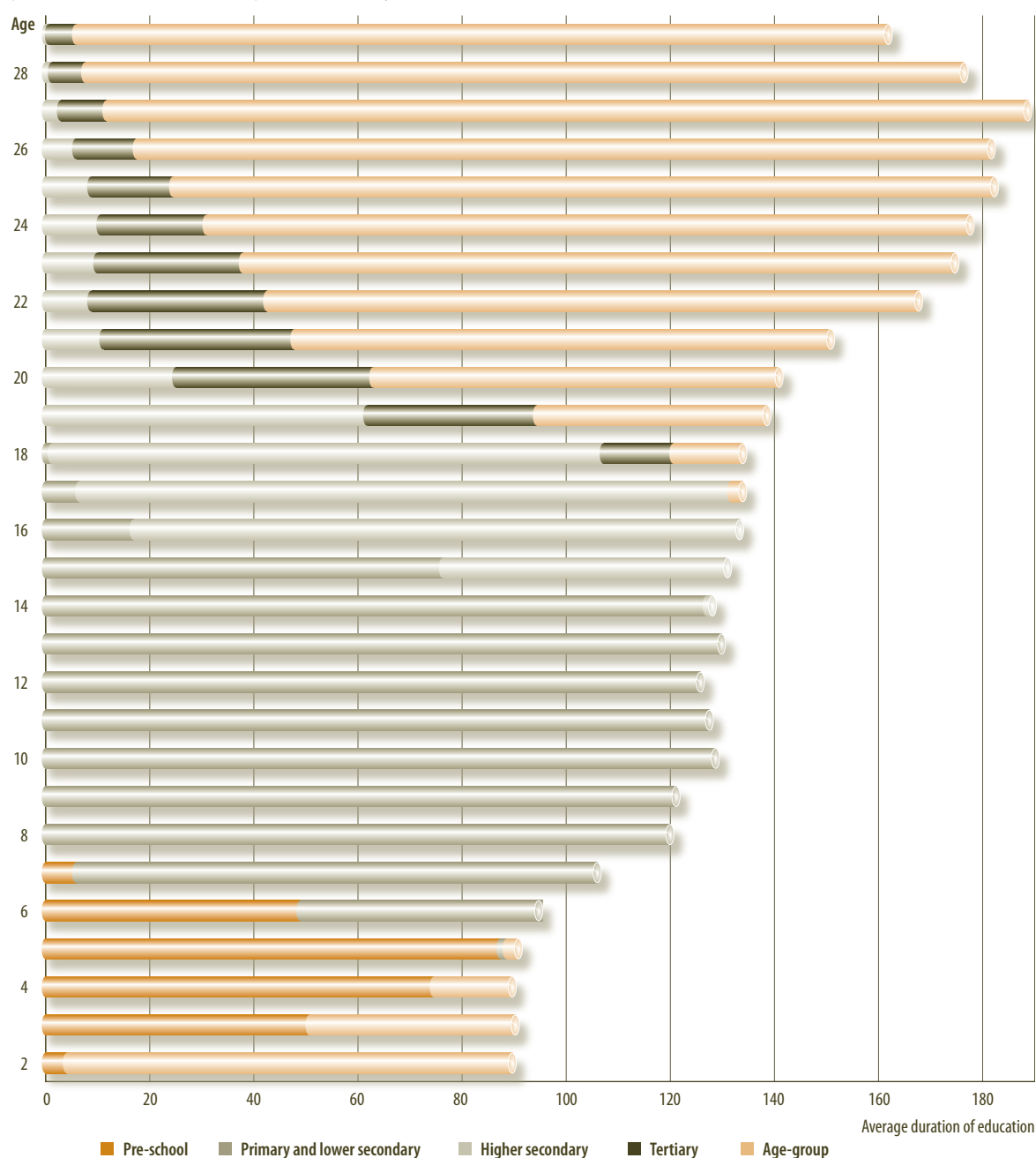
Source: Ministry of Education, Youth and Sport, 'The Long-term Project of Education and Development of the School System of the Czech Republic', Ministry of Education, Youth and Sport, Prague, 2002.

- Apply new, European trends in lifelong and professional education, particularly in acknowledging informal qualifications and in formalizing labour experience;

- Introduce a system for forecasting educational needs;
- Systematize and increase efficiency of the education of teachers.

Figure 2.2

Average duration of education in the Czech Republic and OECD countries
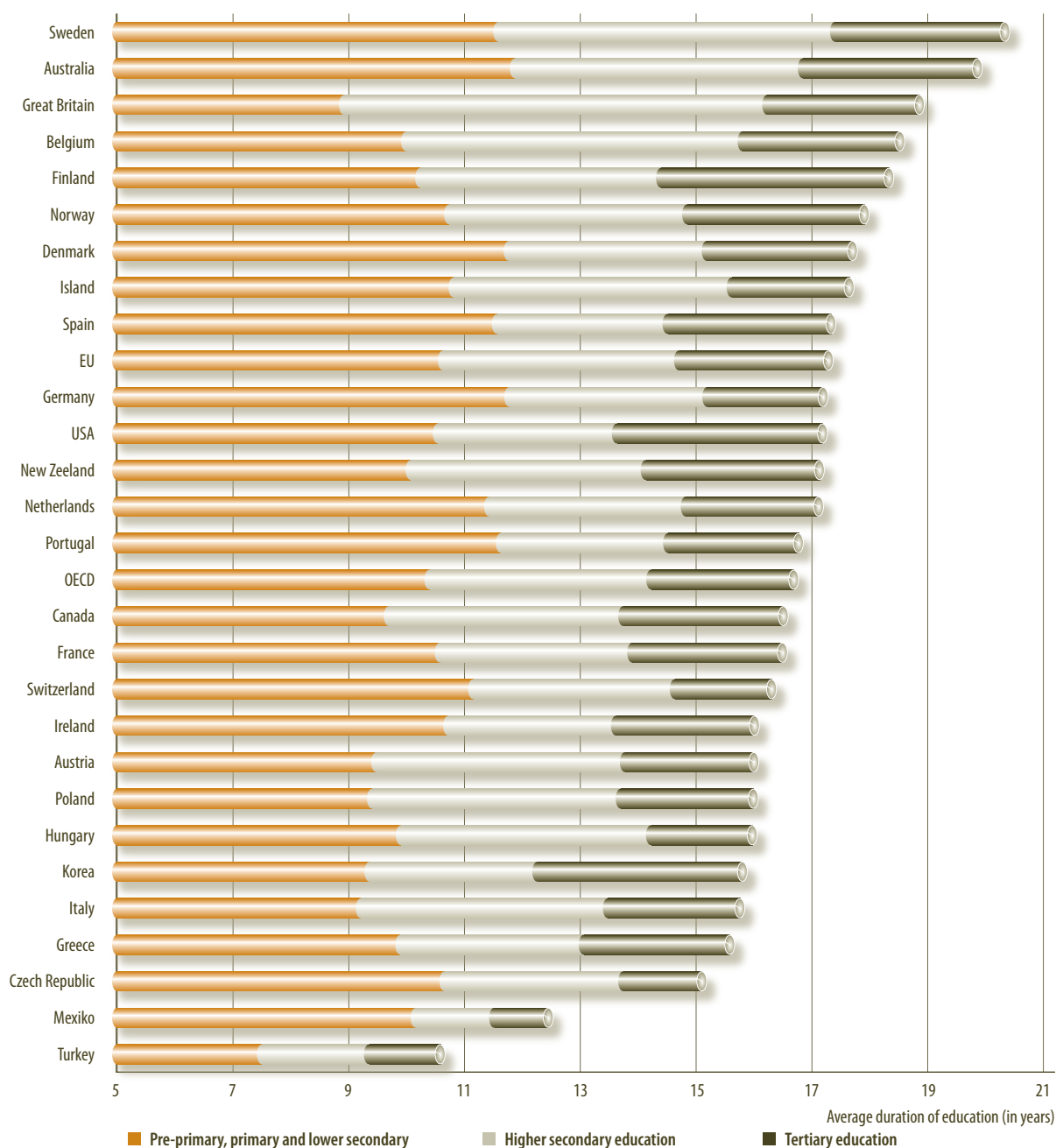
Source: Ministry of Education, Youth and Sport, 'The Long-term Project of Education and Development of the School System of the Czech Republic', Ministry of Education, Youth and Sport, Prague, 2002.

Promote Gender Equality and Empower Women

3 *Goal*

Target 1: Reduce differences in the earnings of men and women

Since 1990, the gap between earnings of men and women has been gradually widening. In 1996, women's earnings represented 77.21 percent of men's earnings, two years later it was merely 72.03 percent, and in 2001 it was 74.4 percent

Target 2: Improve the position of women in decision-making processes

Although the education levels of Czech women are very high, this fact is not reflected in their participation in decision-making processes. Here, their participation is much lower than that of men, and there is no sphere in which women outnumber men in management positions.

Targets and Indicators for Goal 3:

Promote Gender Equality and Empower Women (M. Kotýnková)

		2000	2015
Indicators	Target 1: Reduce differences in the earnings of men and women		
	1. Ratio of women's earnings to men's earnings	0.73	0.8
		2002	**2015**
	Target 2: Improve the position of women in decision-making processes		
	1. Participation of women in the Senate and the Parliament (in %)	15	25

DESCRIPTION

Goal 3 aims to promote gender equality. It covers these three important spheres: the access of men and women to education, the unequal position of men and women in the labour market and the unequal participation of men and women in decision-making processes.

In addition to economic and political gender equality in Czech society, it will be necessary to promote the equal gender position on the labour market and to provide women with more opportunities to assert themselves in decision-making processes. The specific tasks comprised in Goal 3 can be supplemented

with the requirements of more favourable conditions for harmonization of family life and work as well as for better protection for women against domestic violence.

STATUS AND TRENDS

Situation in general

Education of women and men

One path towards gender equality is a balanced structure of education and the elimination of discrimination in access to education. In the Czech Republic, traditionally, women are educated on a very high level. Nevertheless, differences in the ratio of boys and girls at individual types of schools do exist. As for secondary studies, there are more girls at secondary grammar schools, whereas boys outnumber girls at secondary vocational schools. The representation of girls and boys at university (master's level) is equal, while girls outnumber boys both at higher professional schools and in bachelor's programmes. It is interesting to note that there are more boys at special types of schools, particularly those specializing in the education of juvenile delinquents, etc. (see Figure 3.1).

Trends over time show that the education of women has significantly increased. In the group of 70 year-olds and over 57 percent of women (only 24 percent of men) have reached only a basic education (incl. those who did not

Figure 3.1

The share of boys and girls at different types of schools, academic year 2002/2003
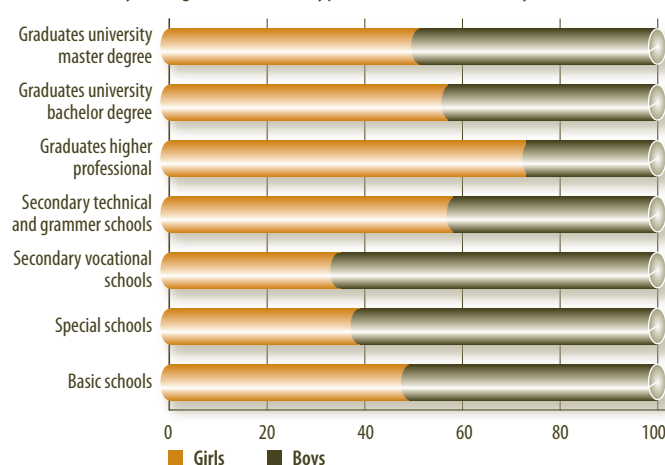
Source: Marksová-Tominová, M., 'Gender Assessment of the Impact of EU Accession Process on Women and the Labour Market in CEE, The Czech Republic', Study material, Prague, 2003.

finish it), 22 percent of women (30 percent of men) have completed a secondary school with A-level examinations and 2 percent of women (11 percent of men) are university graduates. The group aged 25 to 39, however, includes only 7 percent of women (8 percent of men) either with no education or with only a basic school education, 64 percent of women (and only 59 percent of men in comparison to women) who are educated at a higher secondary level and 12 percent of women who are university graduates, just one per cent less than men. Although gender equality in access to education is currently guaranteed, the ratio of educated boys to girls should continue to be monitored in the future.

Employment of women and the situation in the labour market

The overall educational levels of women may be slightly higher than that of men, however, the distribution of women in individual fields of study does not correspond well to the needs of the economy, which subsequently becomes manifest in their positions on the labour market. From the perspective of fields of study, women tend to study social sciences and subjects related to services, such as health care, pedagogy etc. A smaller number of women study at schools specialized in applied and natural sciences. Men are equally represented in individual fields of study except for technical specializations, in which they outnumber women.

For more than 50 years, women's employment and participation in the labour market has been consistent, showing only minor changes in recent years. The Czech Republic (as well as the other former socialist countries) is characterized by a high employment rate of women of all age groups. The economic activity rate of women has been in slight excess of 50 percent for a long time,

(51.3 percent in 2001, whereas the activity rate of men was 69.0 percent).[11] The Czech Republic rates high in the number of hours spent by women at work — 91 percent of women (97 percent of men) work full time. This fact is closely related to another typical feature, the insignificant number of women who stay home (the maximum is 1 percent of women of working age).

In examining the unemployment of women, it is necessary to note, that after 1997 and the economic crisis, the unemployment rate indicator increased throughout the Czech Republic. In the late 1990s, the unemployment rate of women reached 10 percent. In 2001, the unemployment rate of women was 9.9 percent, whereas the unemployment rate of men was 6.8 percent.[12]

Since 1990, the gap between earnings of men and women has been gradually widening. In 1996, women's earnings represented 77.21 percent of men's earnings, two years later it was merely 72.03 percent, and in 2001 it was 74.4 percent. The inequalities in the reward system result partly from the feminization of certain sectors in which salaries are consistently lower, (e.g. the public sector, especially health services and the education system, and, for instance, the textile industry), and partly from the fact that women tend to be employed in positions paying less or requiring lower qualifications. However, even women working in the same positions as men sometimes receive unequal wages, e.g. in 2000, the average earnings of female managers and directors reached a mere 54 percent of the earnings of their male counterparts.[13]

Viewed from the perspective of age, the earnings of men and women show the smallest gap up to 24 years of age (in 2000 the ratio of women's to men's salaries was 87 percent), followed by a wider gap frequently caused by the interruption in women's professional careers to take care of children. In 2000, the

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[11] The economic activity rate represents — according to the ILO method — the share of the total labour force in the population over 15 years of age.

[12] Czech Statistical Office, 'Focus on Women', Czech Statistical Office, Prague, 2002, p. 61.

[13] Czech Statistical Office, 'Focus on Women', Czech Statistical Office, Prague, 2002, p. 57.

ratio of women's to men's earnings in the 25 to 34 age group was 76 percent and in the 35 to 54 age group it was 72 percent. The situation improves in the pre-retirement age group with the ratio of the 55 to 64 age group reaching 82 percent in 2000.

Participation of women in decision-making processes

Although the education levels of Czech women are very high, this fact is not reflected in their participation in decision-making processes. Here, their participation is much lower than that of men, and there is no sphere in which women outnumber men in management positions. The participation of women in the Senate is only 12 percent, and in the Parliament 17 percent. In the Government, there are only two women out of a total of 17 members. Women head some prominent institutions, such as the State Office for Nuclear Safety, four universities (chancellors), the national Academy of Sciences, the Prison Service, the position of Attorney General and others. Nonetheless, there is not a single woman among regional executives, and only 13 percent of regional and 23 percent of local administrators are women. The position of women is better in justice with 63 percent of judges being female, although these work mostly on the district level and are less represented on the regional level.

In private companies the incidence of women in top decision-making positions is also very low. On the whole, the participation of women in decision-making processes should be actively encouraged.

Domestic violence, forced prostitution and trafficking

After 1989, the issues of domestic violence, forced prostitution and trafficking of women and girls remained unaddressed by legislative changes and received little attention. On the contrary, some legislative amendments resulted indirectly in the deterioration of the position of women afflicted by domestic violence. The authority of police in solving family disputes is considerably limited and medical practitioners are not obliged to report on damage to women's health when domestic violence is the suspected cause. With the exception of grievous bodily harm and attempted murder, the woman herself has to give explicit consent for a judicial inquiry into domestic violence. Assistance provided to victims of domestic violence is also limited. The capacity of shelters mostly run by NGOs is insufficient and there are few specialized institutions dealing with this specific issue. NGOs have been fighting not only against domestic violence, but also against forced prostitution and trafficking of women and girls.[14] The legal framework supporting the prosecution and resolution of domestic violence cases remains very limited.

Specific issues

Legislative framework governing the position of women in society

The highest level documents guaranteeing the equal treatment of women in every respect are the 'Constitution of the Czech Republic' and the 'Bill of Human Rights and Freedoms'. The Czech Republic is bound by its constitution to respect all the international agreements and conventions related to the observation of human rights, such as the 'Convention on the Elimination of All Forms of Discrimination against Women', adopted in New York in 1979, and the 'Convention concerning discrimination in employment and occupation', adopted in Geneva in 1958.

Many new provisions related to the protection of women's rights and discrimination against women have been incorporated into the Czech

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[14]   Some NGOs are involved in international programme networks such as Daphne, Coatnet, Cat, etc.

Labour Code in the context of harmonization with the European Union, including the issue of sexual harassment at the workplace. While the Labour Code guarantees the equality for the sexes and prohibits discrimination, the legislation still contains certain questionable restrictions imposed upon women in terms of their work performance and even lists some professions where access is denied to women. This does not apply to men in any productive or non-productive sector.

At present, there is a concerted endeavour to improve the position of women in society, as evidenced by the document passed by the Government in 1998 called 'Priorities and Methods of the Government for Promoting the Equality of Men and Women'. The document comprises approximately 40 provisions and achievement is annually evaluated and updated. These provisions are focused, inter alia, on the advancement of women to leading positions in the state administration, including promotion of women in the selection of leading positions at ministries. In addition, in 2002 Law № 312/2002 on officials in self-governing regions and on the amendment of some laws, was adopted, effective 1 January 2003. This law created a framework for the implementation of so-called "positive measures". Pursuant to this law, self-governing regions must adopt certain measures ensuring that equal participation of men and women is achieved and sustained both in the recruitment and employment of officials as well as the appointment of head officials at all levels of management.

Institutional mechanisms for promoting gender equality and empowering women have been established. These mechanisms include the Department for gender equality established at the Ministry for Labour and Social Affairs, the Government Council for gender equality, the Parliamentary commission for family and equal opportunities and others. Gender equality is also monitored by non-state organizations, some of which concentrate exclusively on the equal position of women. One of the most prominent among them is the non-state Gender Studies organization.

POLICIES FOR GOAL ACHIEVEMENT

The Czech Republic has travelled quite a long way in improving the conditions and equality of women in the Czech society. Despite this progress, the following areas still require attention:

- Creation of a situation where salaries will depend solely on work performance and not on gender, i.e. a situation in which compensation for work will be fair;
- Empowerment of women in decision-making processes, both in public and private sectors; and
- Protection of women from domestic violence, forced prostitution and trafficking and — by means of legislation and grants — contribution to the advancement of the non-profit sector in protecting and caring for women who find themselves in situations of domestic violence or economic hardship.

Reduce
Child Mortality

4 *Goal*

Target 1: Maintain the attained low level of infant and perinatal mortality

Thanks to its current low figures of infant and perinatal mortality, the Czech Republic finds itself below the EU averages, and, along with the Scandinavian countries, is among the top European countries.

Target 2: Reduce the number of children with congenital malformations

At present, over 300 children out of 10,000 live births are born with congenital malformations. Congenital malformations represent 37 percent (in 2000) of the causes of child mortality in the first week of life.

Targets and Indicators for Goal 4:

Reduce Child Mortality (M. Mašková)

	1990	2000	2002	2015	EU 2000
Target 1: Maintain the attained low level of infant and perinatal mortality					
1. Infant mortality (per thousand live births)	10.8	4.1	4.1	4.0	4.7
2. Perinatal mortality (per thousand births)	9.8	4.5	4.5	4.5	6.3
Target 2: Reduce the number of children with congenital malformations [15]					
1. Live-born children with congenital malformations per 10,000 live births	172.4	324.5	338.2 (2001)	200.0	n.a.

(left margin label: Indicators)

[15] In 1990, 60 selected congenital malformations were monitored. Since 1994, all congenital malformations in Chapter XVII of the 10th International Classification of Diseases have been monitored, and since 1997, all congenital malformations from the other chapters as well.

DESCRIPTION

The health and mortality indicators for children in early childhood reflect the level of medical care as well as the overall social and cultural level of a country. Goal 4 aims to reduce the mortality of children under five. This is a particular problem in developing countries where, despite a downward trend, a relatively high number of children die before the age of five due to insufficient nutrition, medical care and other problems.

Monitoring child mortality and health in early childhood represents a standard method even in industrialized countries. A healthy start in life influences the development of an individual's physical and mental health in the subsequent phases of his or her life. In terms of lowering infant mortality, the Czech Republic has already surpassed the goals set by the World Health Organization (WHO) for the European region in the early 21st century. Its current positive trend is on the leading edge, thanks to very expensive technologies in the country's neonatology departments. This situation could only be endangered by such transformations of the health care system that threaten primary care programmes, such as care for mothers and children. There is some concern among experts that under these conditions the existing mortality rates might change for the worse.

STATUS AND TRENDS

Situation in general

Levels of child mortality in the first year of life have been steadily decreasing in the Czech Republic. Over the last eleven years, levels have dropped by almost two thirds. In the early 1990s, of 1,000 live births, almost 11 infants died, but by 2001, when the lowest level was attained, this figure had dropped to four. Thanks to its current low figures, the Czech Republic finds itself below the EU average (4.7 per thousand in 2000), and, along with the Scandinavian countries, is among the top European countries. Among the Central and Eastern European countries, it was high above the average in 2000 (10.7 per thousand). At 4.25 per thousand in 2001, only Slovenia is reaching the level of infant mortality comparable to the Czech Republic's.

Infant mortality has decreased in every phase of early life. The rates in the first month of life (the so-called neonatal mortality from day 0—27) and at post-neonatal age (28—364 days) have decreased. This means that mortality has not simply been deferred to the post-neonatal period as a consequence of neonatal sickness.

Also, perinatal mortality, including the number of still-born children and deaths of children during the first week of life (0—6 days), has also decreased. This indicator continuously

decreased during the 1990s as well. The current level of perinatal mortality, 4.5 out of 1,000 births (live and still) in 2002, is more than 50 percent lower than the rates in the 1990s. At the same time, it is 30 percent lower than the average EU figures (6.3 per 1,000 births).

To a considerable extent, the trends in child mortality in the first year of life have influenced the trends in child mortality under five. The proportion of children who died during years 0—4 per the total number of all live births showed more than a 50 percent decrease as compared with 1990. The current rate of 5.2 per thousand is also below the EU average (6.4 per thousand).

The Czech Republic implements an immunization programme based on the vaccination calendar. The share of children vaccinated against measles, German measles, pertussis and tuberculosis is consistently high. Throughout the 1990s it never dropped below 95 percent.

The Czech Republic has a 40-year tradition of monitoring congenital malformations (see note above). At present, over 300 children out of 10,000 live births are born with congenital malformations. The frequency of congenital malformations is closely connected with accurate and complete reporting. The increase of the relative numbers in the 1990s is a consequence of higher quality diagnostics and better statistical evidence as well.[16] The most frequent defects are cardiac malformations (40 percent). Congenital malformations represent 37 percent (in 2000) of the causes of child mortality in the first week of life.

There is still no sufficient information on the occurrence of the CAN syndrome (the syndrome of the maltreated, abused and neglected child). Reports by paediatricians on suspected violence against children remain deficient and sharing of information and coordination of approaches by specialists and non-state organizations are still lacking.

Figure 4.1

Trends in selected indicators of child mortality in the Czech Republic
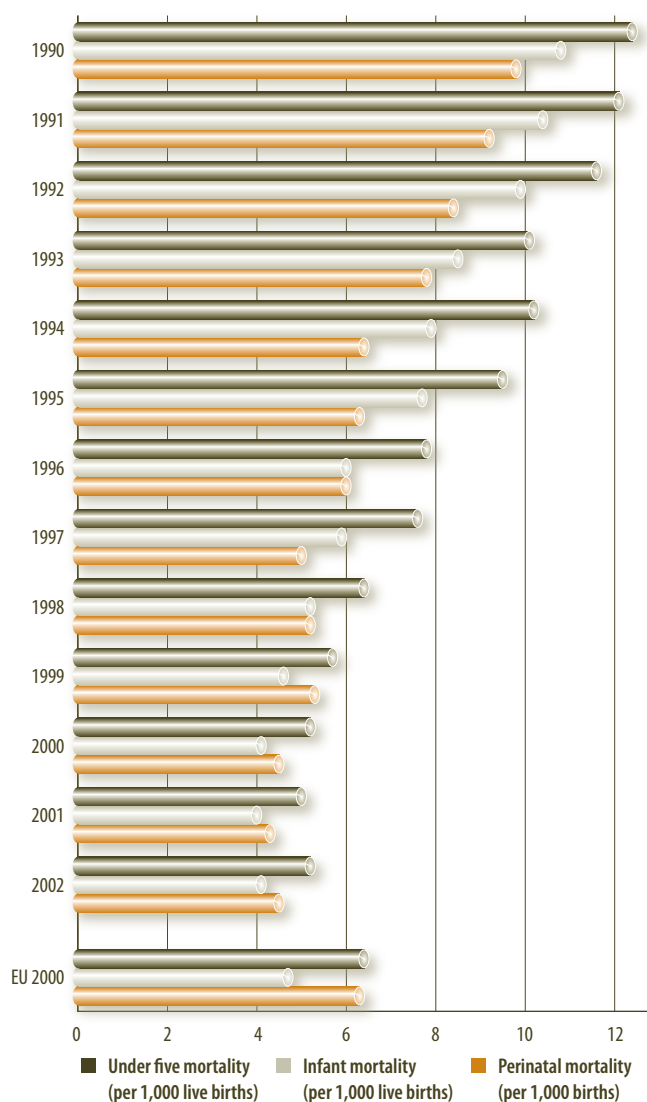
Source: Institute of Health Information and Statistics.

Specific issues

The increasing number of women without perinatal care, related particularly to increasing immigration from regions not providing this care, can represent a potential problem for the maintenance of low mortality rates. The provision of adequate prenatal and postnatal care to immigrants has medical and

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[16] Ministry of Health, 'Health 21-The Long-term Programme for Improvement of Health Conditions of the Population in the Czech Republic, Prague, 2002.

financial implications, as these are frequently women who do not pay health insurance. In the case of legal immigrants (foreigners holding residence permits), this issue is simultaneously being addressed through the Foreigners Integration programme.[17]

POLICIES FOR GOAL ACHIEVEMENT

The Czech Republic's level of perinatal mortality is among the best in the world. There are perinatal centres caring for women whose babies are expected to have low birth weight and women with pregnancy complications. An integral part of these institutions is specialized neonatal centres that care for premature and low birth weight newborns. To maintain the current, positive status of child health and mortality, the country should:

■ Continue to develop primary care systems with integrated programmes focused on the care for mothers and children; and

■ Further develop: methods of prenatal diagnostics in the second trimester of pregnancy, genetic consultancy, and termination of pregnancy in cases where the embryo exhibits severe congenital malformations.

In addition to the quality of health care, nutrition consultations, prevention of smoking during pregnancy and, particularly in the case of younger generations, drug-use prevention should be given greater importance.

A number of specific tasks and activities aimed at achieving this goal are contained in the document entitled 'Long-term Programme of Improving the Health Conditions of the Population in the Czech Republic — Health for Everyone in the 21st century', approved by the Government of the Czech Republic in October 2002. This document represents a national scenario of the programme WHO Health 21 elaborated for the European region.[18]

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[17]   Ministry of Interior, 'Conception of the Integration of Foreigners', Prague, 2000.
[18]   Op. cit.

Improve Maternal Health 5 *Goal*

Target 1: Create favourable conditions for childbearing

Broadened possibilities for self-realization of young people have been competing with entering into marriage and having children, and at the same time the social and economic conditions for starting a family have worsened.

Target 2: Strengthen reproductive health

The Czech Republic's maternal mortality rate is very low. Over the last decade, the problem of psychosocial and sexual high-risk behaviour among young people has increased, which has undeniably negative consequences for reproductive health, especially as regards the increase drug use.

Targets and Indicators for Goal 5:

Improve Maternal Health (M. Mašková, P. Háva, M. Barták)

		1990	2000	2002	2015	EU 2000
Indicators	Target 1: Create favourable conditions for childbearing					
	1. Total fertility rate (per 1 woman)	1.89	1.14	1.17	1.50	1.45
	Target 2: Strengthen reproductive health					
	1. Maternal mortality rate [19] (per 100,000 live births)	8.4	5.5	3.2	3.0	5.1
	2. Share of deliveries assisted by skilled personnel (in %)	97.5 (1993)	98.4	98.5 (2001)	99.0	n.a.

[19] Female deaths connected with pregnancy, delivery and puerperium (ICD-10:O00-O99).

DESCRIPTION

Goal 5 aims at improving maternal health. It reflects primarily the situation of developing countries that report higher numbers of mothers dying or experiencing serious health problems related to pregnancy and childbirth.

The industrialized countries treat these issues in the broader context of prevention, reproductive health and the enforcement of the family planning right as one of the basic human rights. In addition to maternal health, attention is given to ensuring the safety of abortions and lowering their numbers with the help of effective and affordable contraception and sexual education for responsible partnership and parenthood.[20]

In the Czech Republic, this goal has to be viewed in the context of changes seen in reproductive behaviour in the 1990s, including a striking decrease in fertility rates and an increase in the age of mothers at the birth of the first child. The main target in the coming years should be, therefore, the creation of favourable conditions for childbearing and the increase in total fertility to at least the current EU average rate of 1.5 live births per woman.[21] The second target should focus on

strengthening women's reproductive health. The formulation of these targets is derived from a broader WHO concept of health as a state of physical, psychological and social well-being.

STATUS AND TRENDS

Situation in general

Reproductive health

The Czech Republic's maternal mortality rate is very low. The total number of deaths from 1990 to 1993 ranged between 11 and 17, and since 1994, only sporadic cases have occurred. Causes of every death are analyzed very carefully. Assistance from professional personnel in the overwhelming majority of births and the fact that 99 percent of pregnant women receive prenatal care are undoubtedly responsible for the very low figures. During the 1990s, the proportion of pregnancies with complications increased. However, it is not possible to determine the causes for deterioration of these mothers' health condition since a certain segment of pregnancies are classified as complicated for social reasons.

[20] United Nations, 'Population in Europe and North America on the Eve of the Millennium: Dynamics and Policy Responses', United Nations, New York and Geneva, 1999.

[21] This is a value of the high variant of total fertility for 2015, taken from the population prognosis. It is derived from the assumption of favourable conditions for starting family life and existence of families. Source: Department of Demography and Geo-demography, Faculty of Natural Sciences, 'Population Development in the Czech Republic 1990—2002', Pavlík, Z. and M. Kučera, eds., Department of Demography and Geo-demography, Faculty of Natural Sciences, Charles University, Prague, 2002.

The developments after 1989 have brought a positive reversal in the trends for abortion rates and the availability and use of efficient contraceptive methods. The once high abortion rate has significantly decreased. Per 100 births, the number of abortions dropped particularly in the early 1990s — from 83 abortions in 1990 to 51 in 1994 — and subsequently, down to 36 abortions in 2002. In the early 1990s, there were 1.5 abortions per one woman of reproductive age, but in 2002 it was only 0.4. The drop in the abortion rate accelerated in 1993 because of the introduction of fees for abortion services performed for non-health reasons. From the perspective of reproductive health, the increase in the share of vacuum aspiration abortions, nowadays comprising approximately 80 percent, is also a positive development.

The trend in the abortion rate in the Czech Republic in the 1990s was more favourable than trends in the majority of Central and Eastern European countries — even though they were also on the decline. Compared to the Czech Republic, the average abortion index in Central European countries is still approximately double (64 abortions per 100 births in 2001).[22] The Czech Republic thus ranks among the European countries with low abortion rates. In the EU, abortion rates have not changed very much over the last ten years, averaging 22 abortions per 100 births. It should be noted that the legal obligation to report all types of pregnancy terminations places the Czech Republic, in terms of completeness of records, in a leading position in the world. In terms of comparison with other states, however, this approach becomes a disadvantage since the abortion statistics in most countries remain underestimated.

The most important factor in reducing the number of induced abortions has been the propagation of modern contraception. While in 1990 only 17 percent of women used hormonal or intrauterine contraception prescribed by doctors, in 2000 it was 39 percent of women and by 2002, nearly 45 percent.

From 1990 to 2001, a significant decrease in the induced abortion rate occurred in all age groups. The smallest decrease occurred in the group of women over 30. These women do not use contraception very much and tend to opt for abortion as the main method of protection against unintended pregnancy. On the contrary, the sharpest decrease occurred in the group of women between 20 and 25. Unlike older women, the generations of women born after 1975 have grown quickly accustomed to using modern contraception from the very beginning of their sexual lives.

A positive trend was also apparent among the youngest girls aged 15—19, who are more likely to engage in unplanned sexual intercourse. Given their insufficient experience with contraception, they are also more prone to unintended pregnancies than other groups. The number of teenage pregnancies has significantly decreased; the fertility rate has dropped by over 70 percent and the abortion rate has decreased by two thirds.

Figure 5.1

Total fertility rates in the Czech Republic and EU countries
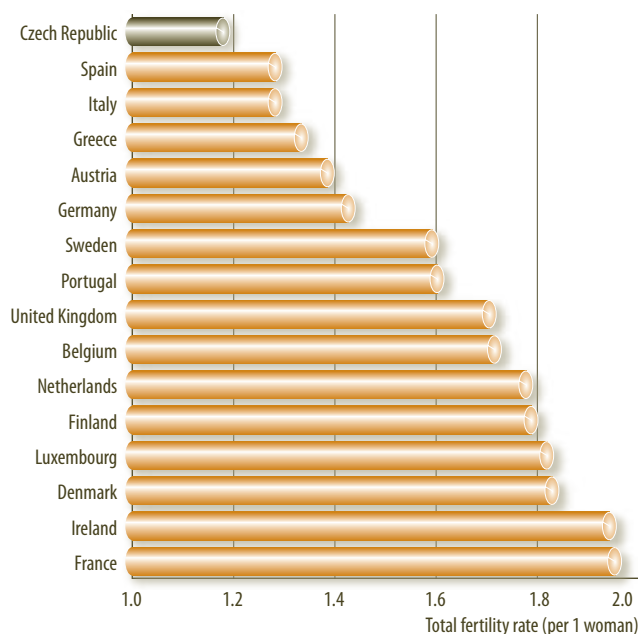
Source: Based on data from Council of Europe, 'Recent Demographic Developments in Europe,' Council of Europe Publishing, Strasbourg, 2002.

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22   UNDP, 'Millennium Development Goal Report Bulgaria', UNDP, 2003.

Figure 5.2

Trends in age-specific fertility rates, Czech Republic (1990, 1995, and 2000)

Age-specific fertility rate (per 1,000 women)

■ 1990   ■ 1995   ■ 2000

Source: Based on data from Department of Demography and Geo-demography, Faculty of Natural Sciences, 'Population Development in the Czech Republic 1990—2002', Pavlík, Z. and M. Kučera, eds., 2002.

Fertility

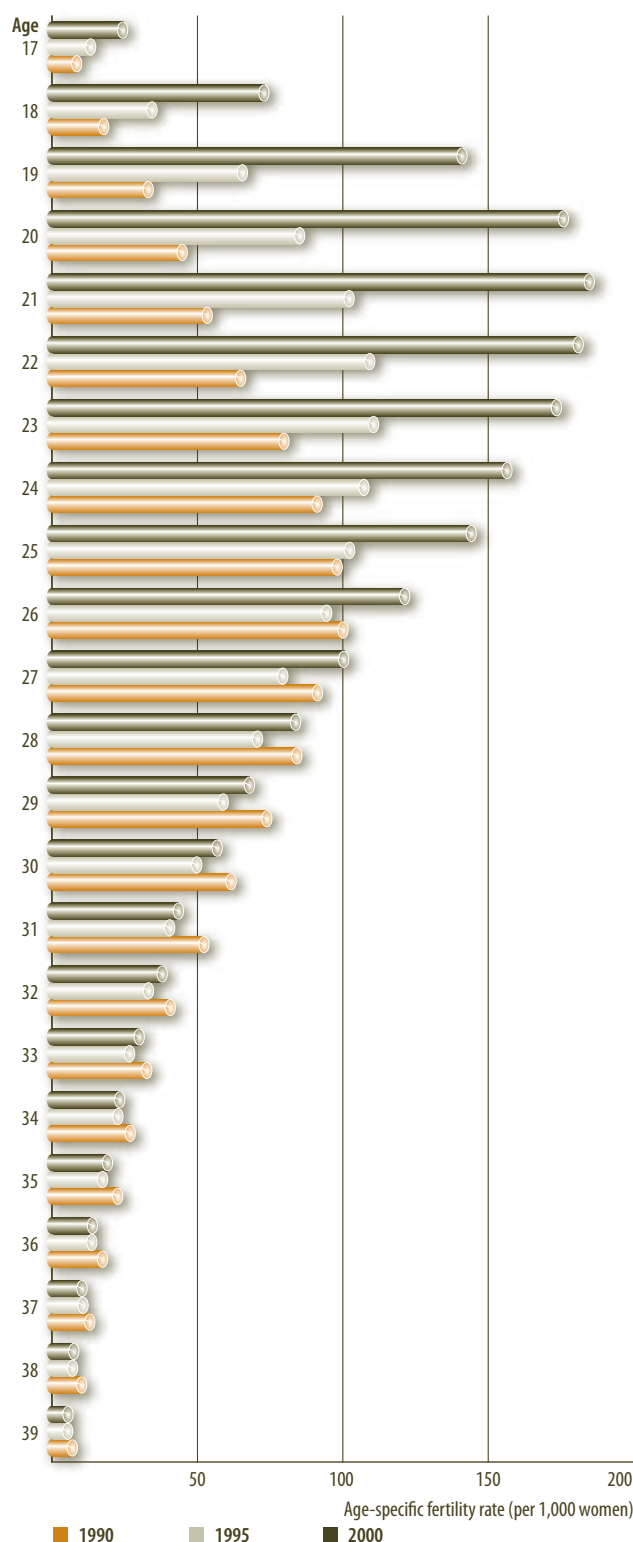Since 1989, the conditions surrounding family life and childbearing have substantially changed. Broadened possibilities for self-realization of young people have been competing with entering into marriage and having children, and at the same time the social and economic conditions for starting a family have worsened. The overall environment for childbearing has become very unfavourable. As a result, young people have started to postpone childbirth (with a potential risk of more deciding to have no children at all) and the fertility rate has dropped to extremely low levels that are deeply below the replacement threshold. In the last several years, the Czech Republic has had one of the lowest total fertility rates in world with respect to replacement potential. The continuation of this trend could lead to larger population decreases and more rapid population aging with all its social and economic consequences.

The age of highest fertility for women in the country continues to increase and expand in duration. Women under 25 have been giving birth to a smaller number of children and, since 1999, the largest number of children have been born to mothers between 25 and 29. The number of children born to women over 30 has also moderately increased. The age structure of mothers has been gradually approaching that of many EU member states. While a substantial decrease in fertility in the youngest age group is positive, the increasing fertility in mothers over 30 can be considered biologically and medically unfavourable. Biologists and doctors consider 24—29 to be the optimal age range for childbearing.

Specific issues

Over the last decade, the problem of psychosocial and sexual high-risk behaviour among young people has increased. This has undeniably negative consequences for reproductive health, especially as regards the increase drug use. The ratio of young

women under 20 using addictive substances (drugs and tobacco) is above average among pregnant women.[23]

With respect to child health, as mentioned in Goal 4, potential problems in maternal health can arise in connection with increasing immigration and provision of adequate care to pregnant immigrant women.

POLICIES FOR GOAL ACHIEVEMENT

Future trends in fertility will be determined by the overall social and economic development of the country and by young people's evaluation of the environment for starting their own families.

The current unfavourable climate reflects the hitherto indifferent attitude of the state towards population trends and towards the position of families with children in society. Only after 2000 did the problems in question rise to prominence. The conception of population and family policy became one of the main goals of the 'Medium-term Conception of the Ministry of Labour and Social Affairs by 2007'. The advancement of population and family policy was also identified in the Human Development Report, The Czech Republic 2003 as one of the strategic tasks whose implementation (or neglect) can influence the future of development in the Czech Republic. The new concept of family policy should include:

■ creation of favourable conditions for reproduction;
■ improved living conditions for families with children;
■ increased societal prestige of the family;
■ compensation for the costs of lost opportunities due to parenthood;
■ implementation of European priorities (reconciliation of work and family, balanced gender roles in the family);
■ multi-sectoral approach;
■ strengthening the role of local communities;
■ housing policy.

Any efforts to strengthen reproductive health should promote reproductive and sexual health education programmes primarily targeting the young generation. The development of primary health care systems with integrated programmes focused on the care of mothers and children should be a priority.

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[23] Institute for Health Information and Statistics, 'Report on Mother', Institute for Health Information and Statistics, Prague, 2002.

Combat HIV/AIDS, Malaria and Other Diseases

6 *Goal*

Target 1: Reduce morbidity and premature mortality caused by main chronic diseases

Mortality rates higher than the EU average can now be observed in almost all categories of causes of death. The most striking gap is found in mortality caused by diseases of the circulatory system and malignant tumours.

Target 2: Reduce incidence of injuries and their after-effects

Among causes of death, injuries occupy the third place among the population as a whole and the first place among the population under 40. The 1990s saw an increase especially in the number of deaths and injuries caused by traffic accidents.

Target 3: Maintain incidence of HIV/AIDS and tuberculosis at least at the existing level

As regards the spread of HIV/AIDS, particular attention should be paid to groups characterized by risky behaviour, such as injecting drug users (IDUs), persons with multiple sex partners, commercial sex workers and young people engaging in high-risk sexual behaviour.

Targets and Indicators for Goal 6:

Combat HIV/AIDS, Malaria and Other Diseases (M. Mašková, P. Háva, M. Barták)

	1990	2000	2002	2015	EU 2000
Target 1: Reduce morbidity and premature mortality caused by main chronic diseases					
1. Life expectancy at birth, Males/Females	67.6/75.4	71.6/78.3	72.1/78.5	75/81	75.2/81.2
2. Standardised mortality rate caused by diseases of the circulatory system, Males/Females (per 100,000 citizens — European standard)	834/512	577/379	561/379	350/210	312/199
3. Standardised mortality rate caused by diseases of malignant tumours, Males/Females (per 100,000 citizens — European standard)	361/192	327/179	323/175	280—300/ 160—170	247/139
Target 2: Reduce incidence of injuries and their after-effects					
1. Standardised mortality rate due to external causes, Males/Females (per 100,000 citizens — European standard)	117/54	93/34	91/33	58/23	58/23
Target 3: Maintain incidence of HIV/AIDS and tuberculosis at least at the existing level					
1. HIV/AIDS incidence (per 1 million citizens)	1.4	5.6	4.8	5 and fewer	22.5
2. Tuberculosis incidence (per 100,000 citizens)	18.7	14.0	11.8	12 and fewer	11.5

(Left margin label: Indicators)

DESCRIPTION

Goal 6 focuses primarily on the fight against infectious diseases, which on a global scale represent — from the perspective of morbidity and mortality rates — one of the most serious problems in development. Many parts of the world are now facing pandemics and it is necessary to focus on their prevalence and spread even in countries where the trend is relatively favourable. In the Czech Republic, infectious diseases have been gaining in importance as a health problem because of ongoing social change and emerging discrepancies in health conditions among population groups caused by widening gaps in accessibility to medical services. No social clause on joint payments for medications has been adopted yet in the Czech Republic and their future development, as well as direct payments for medical care, is a subject of very serious discussions. For these reasons, the fight against infectious diseases will include the essential task of maintaining at least the existing incidence levels of HIV/AIDS and tuberculosis (TB) infections.

In industrialized countries, it is primarily non-infectious diseases — chronic diseases and injuries — that threaten the health condition of the population. In terms of the mortality and morbidity rates for this group of diseases, the Czech Republic — despite certain positive trends over the last decade — still lags behind the more industrialized EU countries. The main target within this goal for 2015 should therefore be the reduction of morbidity and premature mortality caused by the major chronic diseases and the reduction of injuries and their after-effects.[24]

STATUS AND TRENDS

Situation in general

HIV/AIDS and tuberculosis

Even the Czech Republic has not avoided the spread of HIV infection. Newly reported HIV-positive cases have increased annually since 1985. This trend, however, has not been as dramatic as expected in the early stages of the HIV epidemic. In the last few years, the situation has stabilized with the annual increase in newly diagnosed cases steady at about 50 persons per year (i.e. about 5 newly

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[24] Based on Goals 8 and 9 in: Ministry of Health, 'Health 21 — The Long-term Programme for Improvement of Health Conditions of the Population in the Czech Republic', Ministry of Health, Prague, 2002.

reported HIV-positive persons per 1 million citizens). The number of people living with HIV/AIDS has grown continually, particularly due to the intense anti-retroviral therapy applied to all the HIV-infected persons in the Czech Republic. As of 31 July 2003, the Czech Republic registered 633 HIV-positive citizens (including foreign nationals in long-term residence in the Czech Republic) and 190 foreigners. Thanks to its overall low prevalence of 61.6 cases per 1 million inhabitants, the Czech Republic ranks among European countries with the lowest HIV/AIDS prevalence rates.[25] Laboratory tests continue to detect cases of HIV-positive persons either in the symptomatic or fully-developed stages of the disease. This implies that the number of HIV-infected persons in the population is higher than those reported.

The tuberculosis incidence in the Czech Republic showed a consistently decreasing trend until the mid 1980s, followed by a period of stabilization on the level of approximately 20 cases per 100,000 people. In 1996, the decreasing trend resumed reaching 14 in 2000 and a mere 11.8 cases per 100,000 people in 2002. This last figure is comparable with the EU average (11.5 cases per 100,000 people in 2000) and the lowest number among Central and Eastern European countries. Tuberculosis affects twice as many men as women and its incidence sharply rises with advancing age.

Non-infectious diseases

In the 1990s, the Czech Republic saw a significant rise in life expectancy at birth. Its increase by four years for men and three years for women was one of the sharpest compared to EU countries. However, despite this significant decrease in mortality, life expectancy in the Czech Republic lags behind the EU average by approximately three years and behind the worst EU member countries by one year. In the context of Central and Eastern Europe, the Czech Republic occupies second place behind Slovenia.

An even more substantial difference between the EU and the Czech Republic becomes evident in a comparison with the WHO indicator of health-adjusted life expectancy (HALE) that takes into account both premature mortality and years spent in ill health.[26] In 2000, this difference was 4.5 years (65.6 years in the Czech Republic versus 70.1 years in the EU).[27] Mortality rates higher than the EU average can now be observed in almost all categories of causes of death.[28] The most striking gap is found in mortality caused by diseases of the circulatory system, i.e. the group of diseases representing the main cause of death in industrialized countries. In this category, the mortality rate in the Czech Republic exceeds the EU average for both sexes by more than 40 percent.

At the same time, mortality caused by diseases of the circulatory system has shown a decreasing trend since the 1980s. During the 1990s, the standardised mortality rate[29] of men dropped by 31 percent and that of women by 26 percent. In large measure, this trend has contributed to the abovementioned increase in life expectancy. The mortality rate caused by acute forms of cardiovascular diseases, primarily acute myocardial infarction, has also shown a decisive improvement. The decrease of mortality due to acute cardiovascular disease has been accompanied by an increase in the prevalence of chronically ill persons.

The second most frequent cause of mortality is malignant tumours. Approximately one quarter of all deaths annually are attributable to this. Although the mortality rate in this

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[25] State Health Institute, 'Trends in the HIV/AIDS Incidence and Spread in the Czech Republic in the First Half of 2003', Prague, 2003.

[26] Health-adjusted life expectancy is a summary measure of the equivalent number of years in full health that a newborn can expect to live based on current rates of ill health and mortality.

[27] Gesellschaft für Versicherungswissenschaft und -gestaltung, 'Study on the Social Protection Systems in the 13 Applicant Countries', Synthesis Report, Gesellschaft für Versicherungswissenschaft und -gestaltung, www.eu.int.

[28] Department of Demography and Geo-demography, Faculty of Natural Sciences, 'Population Development in the Czech Republic 1990—2002', Pavlík, Z. and M. Kučera, eds., Department of Demography and Geo-demography, Faculty of Natural Sciences, Charles University, Prague, 2002.

[29] WHO standard — mortality rate devoid of the influence of different age structures.

Figure 6.1

Standardised death rates caused by diseases of the circulatory system in the Czech Republic and selected EU countries
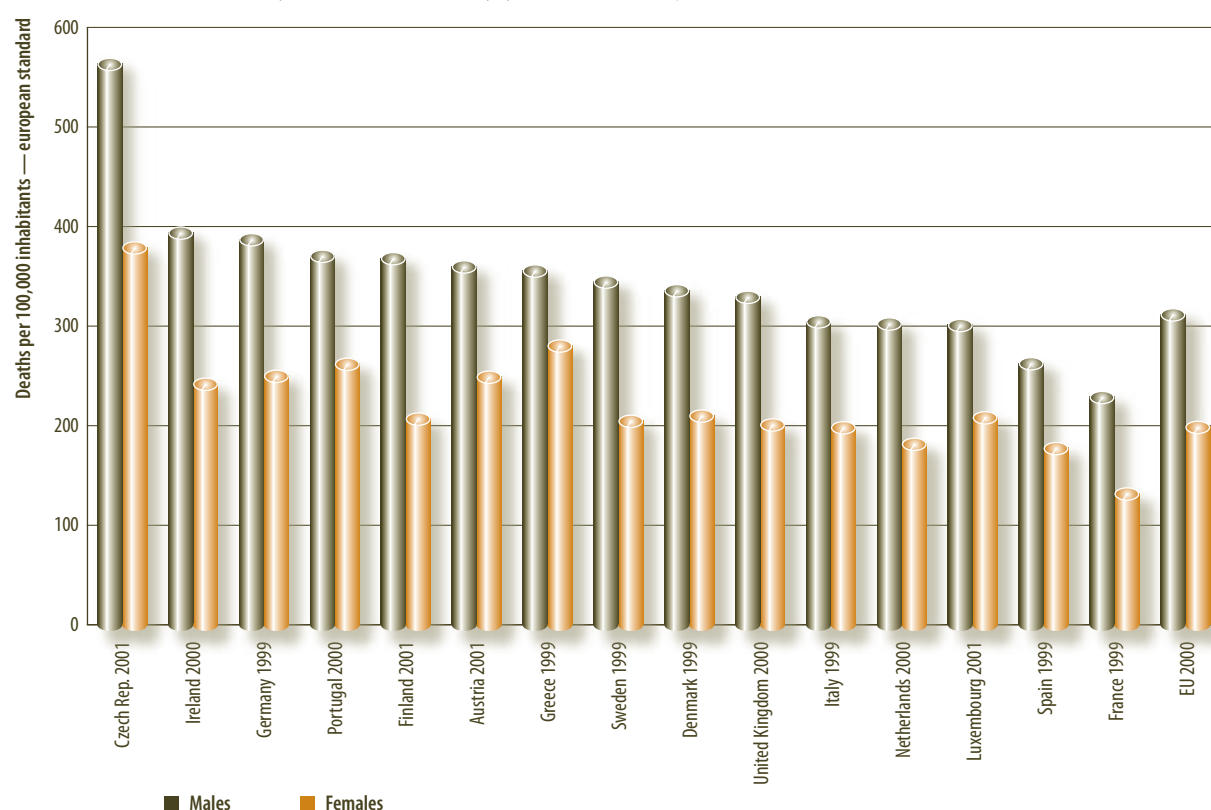
Source: Based on data from Institute for Health Information and Statistics, 'Health Care in Statistical Data', Prague, 2003.

category of diseases began decreasing in the mid 1990s, its level still remains high. The standardised mortality rate of men exceeds the EU countries' average by one quarter and in case of women by one fifth. Causes for this gap separating the Czech Republic from western countries can be found especially in the belated detection of tumours and in the poorer quality of services provided. Morbidity has been developing in quite the opposite direction. Compared to 1990, 30 percent more new cases of malignant tumours in men and 40 percent more new cases in women were recorded in 2000. As for the incidence of carcinoma of the large intestine and rectum in men and breast carcinoma in women, the Czech Republic has one of the highest in Europe and the world.

The incidence of diabetes, a common disease accompanied by grave health complications, increases every year in the Czech Republic. The total number of treated diabetics increased by 39 percent over the last 12 years, reaching over 667,000 persons in 2002 (6,538 persons per 100,000 inhabitants). Moreover, the number of complications accompanying diabetes has been on rise, pointing to failures in the system of health services.

Injuries represent a serious problem not only from the medical, but also from social and economic viewpoints. Among causes of death, injuries occupy the third place among the population as a whole and the first place among the population under 40. The 1990s saw an increase especially in the number of deaths and injuries caused by traffic accidents. The overall trend in mortality rates due to external causes has been decreasing, mainly for females. Nevertheless, current mortality levels within this group of causes are considerably higher than the EU average — 60 percent greater for males and 40 percent greater for females.

Specific issues

As regards the spread of HIV/AIDS, particular attention should be paid to groups characterized by risky behaviour, such as injecting drug users (IDUs), persons with multiple sex partners, commercial sex workers and young people engaging in high-risk sexual behaviour. The expected increase in immigration from Eastern Europe also brings a potential risk of further spread of HIV since the number of HIV-infected foreigners has been rising in recent years. At present, foreigners comprise 23 percent of all the infected people in the Czech Republic, while foreign nationals permanently residing in the Czech Republic account for 7 percent. Both groups are composed mostly of persons originating from Eastern Europe, especially Ukraine, which is now witnessing a predominantly drug-driven explosion in its HIV epidemic.

TB incidence has been affected by the intensified migration after 1989. The share of foreigners in the overall tuberculosis incidence has been increasing annually, and in 2001 already accounted for 14 percent of all newly reported cases. The homeless represent a particularly high risk group in which the TB incidence is higher than in the sheltered population.[30] The homeless tend to be found in large cities, especially in exposed public places, and also tend to migrate. There are no official estimates of their numbers, but unofficial estimates range in tens of thousands, with most being men.

Figure 6.2

Standardised death rates caused by carcinoma in the Czech Republic and selected EU countries
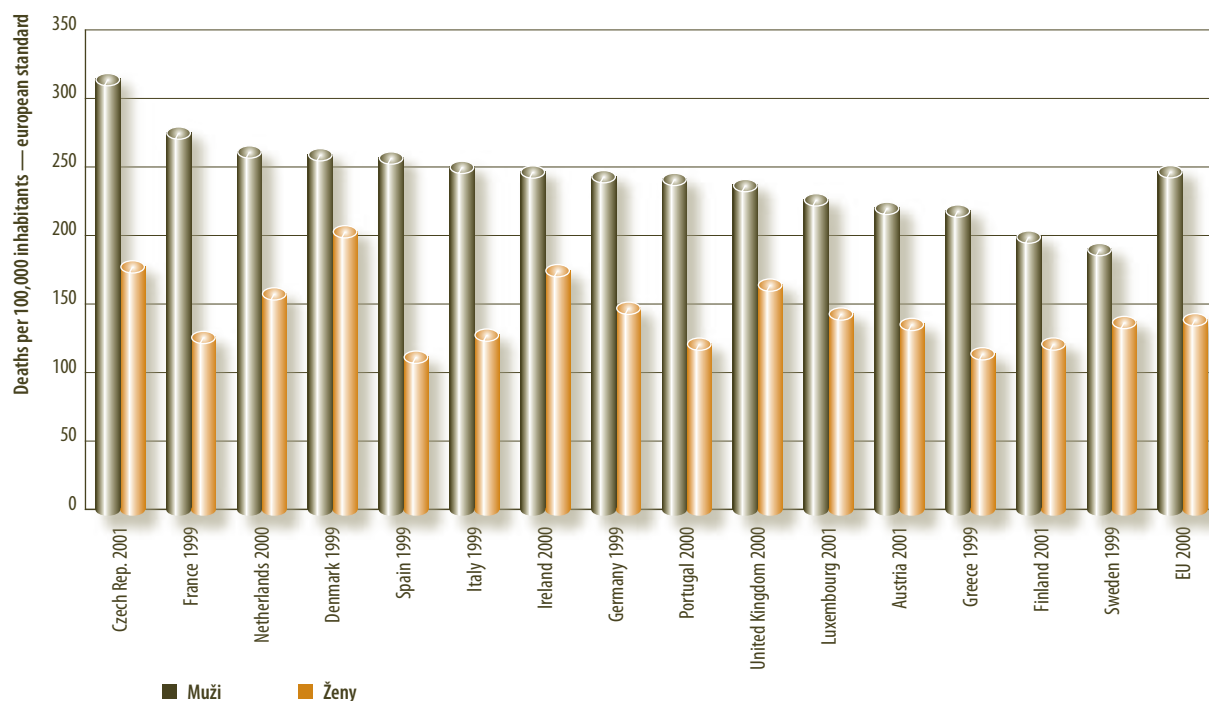
Source: Based on data from Institute for Health Information and Statistics, 'Health Care in Statistical Data', Prague, 2003.

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[30] Barták, M., 'The Phenomenon of Homelessness', IZPE study material, Prague, 2003.

POLICIES FOR GOAL ACHIEVEMENT

HIV/AIDS and tuberculosis

The reduction of the incidence of these contagious diseases requires a coordinated approach combining activities in the sphere of health support (prevention, health education, and public and social policies focused on health) and medical services (efficient and evidence-based health policy in this sphere of public services).

The Czech Republic has adopted the 'HIV/AIDS Problem-Solving Programme' and a network of consulting and blood-collecting centres operates in the country. Over 800,000 laboratory tests have been conducted annually in recent years. As part of precautionary measures, the testing of blood donors and pregnant women is compulsory. The HIV/AIDS incidence and spread in risk groups of injecting drug users and commercial sex workers are being monitored. In coming years it will be necessary to carry on this programme and, at the same time, expand health education programmes on sexually transmitted diseases. As regards TB, it is vital to strive for prompt bacteriological diagnostics, detection of complicated cases, implementation of the WHO treatment programme and continued national surveillance.

Chronic diseases and injuries

Despite certain indications in the first half of the 1990s and acceptance of the document Health 21[31], no comprehensive policy for health protection and promotion that also addresses the regional and community levels has been formulated yet. The overall efficiency of the existing health promotion policy is still very low. There are deficits mainly in the reduction of the most significant risk factors such as smoking, low physical activity, stress and bad eating habits.

Activities focused on the reduction of the morbidity and mortality rates in the category of circulatory system diseases and malignant tumours should be developed as follows:

- Priority must be given to primary prevention activities focused on the reduction of risk factors for these diseases and on the improvement of health promotion policy; this entails the elaboration and implementation of national programmes aimed at motivating the population to lead healthy lifestyles; anti-tobacco policy should play a particularly important role in this respect; and
- Health care activities in the sphere of secondary and tertiary prevention should rely primarily on early diagnostics (efficient implementation and systematic evaluation of the already launched programme ensuring screening of selected malignant tumours in men and women, and a focus on the detection of early stages of diseases) and efficient treatment.

Reduced frequency of traffic accidents, workplace accidents and household injuries will require improvements in the existing precautionary measures and coordination of multi-sectoral and interdisciplinary cooperation in resolving these issues. A higher priority should be given to the social aspects of coexistence, including domestic violence.

The success of all the abovementioned activities in health support and medical services will depend on their clear formulation, management, supervision and the evaluation of results. Public administration reforms have created space and a legal framework for the formulation of public and social policies that take into account the concept of national health, including modern forms of health support, as promoted by the European Union. Strengthening capacity in health promotion and disease prevention with stakeholders on a regional level by including these issues in regional development plans should also be a priority.

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[31] Governmental approval № 1046/2002.

Ensure Environmental Sustainability

7 *Goal*

Target 1: Integrate principles of sustainable development into national policies and programmes, and reverse the loss of environmental resources

For most of the monitored parameters, the state of the environment in the Czech Republic does not differ significantly from the EU and OECD averages. The share of forests and protected areas is to be stabilised while the energy use per USD 1 GDP, carbon dioxide emissions and material intensity are to decline.

Target 2: Reduce the proportion of people without access to safe drinking water and improved sanitation

Although the share of population supplied by water from public sources (89.8 percent in 2002) and those having access to public sewage systems, (77.4 percent in 2002) is relatively high, further increase is necessary.

Targets and Indicators for Goal 7:

Ensure Environmental Sustainability (T. Hák)

Indicators		1990	2000	2002	2015	EU 2000
	Target 1: Integrate principles of sustainable development into national policies and programmes, and reverse the loss of environmental resources					
	1. Proportion of land area covered by forest (in %)	33.3	33.4	33.5	steady or increase	38
	2. Ratio of protected area to surface area for maintenance of biological diversity (in %)	13.3	15.9	15.9	increase	12.3
	3. Energy use (kg oil equivalent) per USD 1 GDP (PPP)	0.37	0.29	0.29 (2001)	decrease	0.18
	4. Carbon dioxide emissions (t CO_2 per capita)	15.7	12.1	n.a.	decrease	8.7
	5. Material intensity (Total Material Requirements in tonnes per capita)	93.7	65.5	n.a.	decrease	50
	6. Road traffic intensity (passenger and goods) (veh-km per capita)	3,134 (1995)	3,894	n.a.	Support environmental-friendly transport	6,940 (1996)
	Target 2: Reduce the proportion of people without access to safe drinking water and improved sanitation					
	1. Proportion of population with sustainable access to an improved water source, urban and rural (in %)	83.2	87.1	89.8	increase	96
	2. Proportion of urban population with access to improved sanitation (in %)	72.6	74.8	77.4	increase	85.8

DESCRIPTION

For the Czech Republic, an industrialized country, the integration of principles of sustainable development into all major national policies and programmes is a crucial aspect of policy making. Consistent integration will lead to higher efficiency in resource use, less pollution, conservation and enhancement of biodiversity, and in the end, to higher quality of life. Drinking water and sanitation are important components of quality of life, however, due to sufficient performance in achieving Target 2, the main focus in the monitoring of Goal 7 should be on Target 1.

The selected indicators allow for the evaluation of achievements, although in some cases no national targets have been set. When there are no national targets, these indicators can be unambiguously evaluated through trend analysis. It is expected that the 'Strategy for Sustainable Development of the Czech Republic' due to be published in 2004 will include measurable targets for those indicators.

STATUS AND TRENDS

Situation in general

The country's strategy of environmental protection is based on the 'State Environmental Policy of the Czech Republic' (SEP) with the latest version adopted in 2001. The Policy is a cross-sectional document guiding the preparation of detailed programmes for individual components of the environment and for dealing with particular environmental issues. It includes implementation methods and targets for environmental aspects of regional and sectoral policies, such as the energy, raw material, transport, agriculture and other policies. Recently, the Government has been working on the first draft of the 'National Strategy for Sustainable Development', which will provide a framework for all other strategic documents.

Significant progress was also made in EU accession negotiations in the area of the environment and Chapter 22 — Environment was provisionally closed in 2001. The European Commission accepted three requests for

a transition period: 1) the Council Directive 94/62/EC on packaging and packaging waste (transition period 2005), 2) 91/271/EEC, concerning urban waste water treatment (2010), and 3) 2001/80/ES on the limitation of emissions of certain pollutants into the air from Large Combustion Plants (only one boiler covered).

For most of the monitored parameters, the state of the environment in the Czech Republic does not differ significantly from the EU and OECD averages. The reasons for this situation, which differs greatly from the alarming situation at the end of the 1980s, lie both in the positive impact of national economic restructuring and implementation of active measures, including preparation and enforcement of new legislation in environmental protection (the Czech Parliament approved 16 environmental acts alone in 2002—2003). In addition, the SEP has had a positive effect as well. An effective administrative system was created at all levels, including a system of supporting professional institutions and extensive investments. In the absence of unforeseen events, the basic trend in the period to 2010 should be a very slight gradual improvement in the state of the environment.

Specific issues

There are both strengths and weaknesses in seeking a high standard in environmental parameters. The following section shows selected, important environmental issues in the Czech Republic.

Air pollution has improved significantly. Emissions of all the monitored pollutants — particulate matter, sulphur dioxide, nitrogen oxides, carbon monoxide, volatile organic compounds, heavy metals, and persistent organic pollutants — decreased by 41—90 percent during the period 1990—2002 (see Figure 7.1).

The greatest improvement can be seen for particulate matter, sulphur dioxide and lead,

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BOX 7.1:   Environmental changes in the Czech Republic since 1990

The first comprehensive assessment of the environment in former Czechoslovakia, the 'Blue Book' published in 1990, characterized environmental conditions as catastrophic. The country occupied the second worst place in Europe at that time. The consequences of these conditions resulted in extensive and irreversible damage to nature, landscapes, human health and the economy.

One of the most important reasons for positive change has been the establishment and effective work of independent institutions of state administration in environmental protection. Ministries of the Environment at both federal and state levels were established immediately after the Revolution and started to work effectively. A large quantity of basic environmental legislation was quickly passed by Parliament, creating environmental standards and procedures similar to European norms, and in some cases, even more stringent.

The new institutions and legislation were effectively supported by high expenditures for environmental protection. The overall level of expenditures for environmental protection in the Czech Republic was high during the 1990s, equaling most of the time over 2 percent of GDP, from which the private sector paid the majority. The decrease in expenditures after 1997 was due to the completion of a number of decisive investments in the area of air protection, including desulphurization, dust removal and denitrification of power plants and large heating plants, as well as construction or reconstruction of more than 420 municipal waste water treatment plants.

The Czech Republic is a party to the UN Vienna Convention for the Protection of the Ozone Layer and the Montreal Protocol and fully complies with their commitments. The production and import of all types of freons (chlorofluorocarbons) have been prohibited. Strict limits have been established for import or production of special cases requiring essential use.

The Czech Republic is one of the OECD member states that will not have difficulties in complying with the Kyoto Protocol (decreasing of emissions of the principal greenhouse gases by 8 percent compared to 1990 by the period 2008—2012). Emissions of, and sinks for, greenhouse gases have been regularly monitored in the Czech Republic since 1993, when the country ratified the UN Framework Convention on Climate Change. Total Czech emissions of greenhouse gases expressed as CO_{2eq} decreased from 189 million tonnes in 1990 to 143 million tonnes in 2001. The sharply decreasing trend at the beginning of the 90's stopped after 1993 but emissions of greenhouse gases have been stabilised at a level that is approximately 25 percent below the level in 1990.

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where a decrease of almost one order of magnitude has occurred. As a consequence, air quality has improved and stabilized for most indicators. However, specific emissions of sulphur dioxide and nitrogen oxides per capita, per unit area of territory and per GDP unit remain high and constitute a health risk as well as a risk of acidification and eutrophication.

Figure 7.1

Trends in air emissions in the Czech Republic, 1990 — 2002
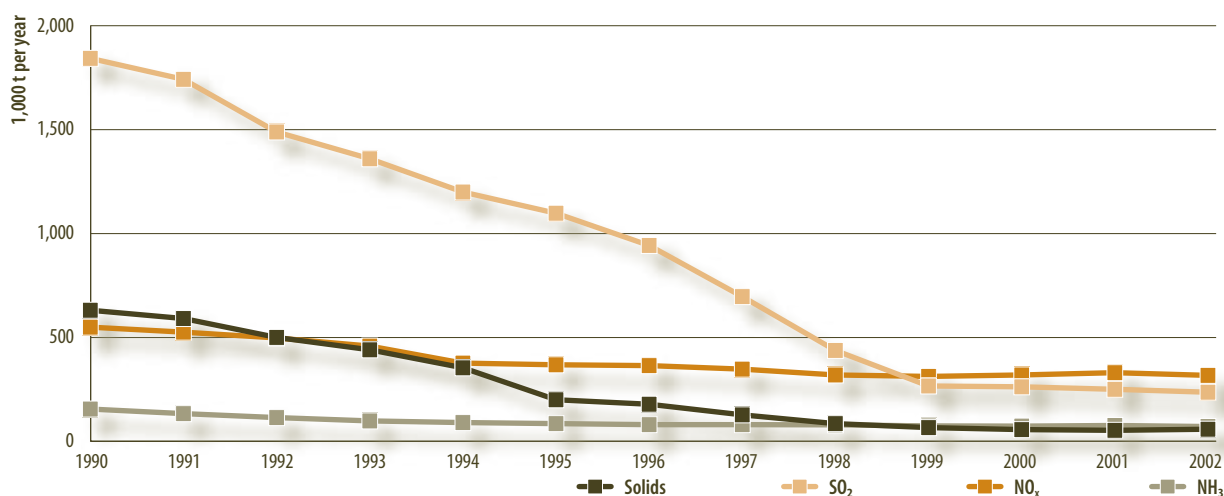
Source: Ministry of Environment, 2002.

Since 1990, there has been a consistent and significant decrease in the amounts of pollutants discharged into surface waters. Between 1990 and 2001, there was a decrease in discharged organic pollution for these indicators by approximately one order of magnitude (BOD_5 by 89.4 percent, CODCr by 81.6 percent, undissolved substances by 85.5 percent). A decrease of 32.9 percent occurred in the amount of dissolved inorganic salts. In 2002, there was stagnation in these indicators due to catastrophic floods on most of the Czech territory. An important role in water quality was played by an increase in the number of inhabitants connected to the public sewer system. The number of inhabitants living in houses connected to the public sewer system in 2002 equalled 7.99 million, i.e. 77.4 percent of the population of the Czech Republic. However, some parts of the sewer systems are not yet connected to waste water treatment plants and 22 percent of the population still lives in houses that are not connected to public sewers at all.

The Czech Republic has a large number of "environmental burdens from the past". These include unsafe, closed landfills, contaminated industrial sites and locations used by the Soviet Army. A database of these past burdens contains 3,012 records. Extensive contamination of the geological basement and groundwater by various dangerous substances represent a serious problem for drinking water supplies and for any future use of these sites. Since 1991, studies (including risk analyses) and decontamination work were done at a cost to the state budget of approximately 1.1 billion Czech Crowns (CZK). From 1991 to 2002, the Government approved 267 contract guarantees from the National Property Fund for elimination of environmental burdens from the past in privatized enterprises, with overall guarantees totalling 142.7 billion CZK.

Transportation in the Czech Republic has become an important factor with detrimental impact on the quality of the environment. The greatest impact in this area comes from road transportation, manifested primarily as emissions and consequent urban air quality, noise, fragmentation of the landscape and disturbance of ecological systems, use of land, accident rates, etc. Technical progress in the quality of vehicles (lower noise levels, consumption and emissions) is overwhelmed by the increasing number of motor vehicles and increasing traffic density. As a result, the overall trend in environmental impact

from these sources continues to be negative. The development of transport also exhibits negative trends, i.e. from mass transit to individual means of transport and from railways to road-oriented systems.

Waste production remains high and land filling is still the most common means of waste disposal, accounting for 20 percent of total waste in 2002. All currently operating landfills meet official standards. The recycling and reuse of waste remains low compared to advanced European countries. Primarily metal and metal-containing wastes, waste plastics, glass and collected paper are reused. Of total waste production in 2002, almost 40 percent was recycled and reused as a secondary raw material.

POLICIES FOR GOAL ACHIEVEMENT

In the immediate future, it will be necessary to concentrate on cost-effective measures to deal with environmental problems. The investments should gradually shift from "end-of-the-pipe technology" to the introduction of new "cleaner" production technologies and should utilize flexible and group regulation mechanisms and voluntary activities. It will be necessary to maintain a high level of investment in the environment and be ready to use finances provided from the Cohesion Fund and Structural Funds following accession to the EU.

The greatest emphasis in expenditures in the medium term (until the year 2010) will be shifted to the area of management of municipal waste waters. It will be necessary to construct waste water treatment plants or establish connections to a group of waste water treatment plants and build sewer systems in all municipalities or parts of municipalities with over 2000 inhabitants. Another issue is the need to update many large waste water treatment plants with a process for removal of nitrogen and phosphorus.

Another focus will be on gradual elimination of environmental burdens from the past. Decontamination work must proceed in priority areas. Preference should be given to the elimination of actual or potential sources of contamination of the groundwater. Moreover, the effectiveness of public funds expended for remediation should be monitored.

The government should support more environmentally friendly modes of transport and increase the use of public transport and railways. In land-use and transport planning it is necessary to promote measures to reduce transport demand (e.g. integrated infrastructure, etc.).

Develop a Global Partnership for Development

8 *Goal*

Target 1: Approach the commitments of EU and OECD in volume of financing ODA

In 2002, official development assistance amounted to approximately 50 million USD (0.065 percent of GNI). At that time, the Czech Government adopted a new concept of developmental cooperation to take it through 2007.

Targets and Indicators for Goal 8:

Develop a Global Partnership for Development (P. Halaxa)

Indicators		1990	2002	2006	2015	EU 2006
	Target 1: Approach the commitments of EU and OECD in volume of financing ODA					
	1. Net ODA as a percentage of GNI	n.a.	0.065	0.13	0.70	0.33
	2. Net ODA to LDCs as a percentage of GNI	n.a.	0.045	n.a.	0.15	n.a.

Source: Ministry of Foreign Affairs, 2002.
Note: ODA — Official Development Assistance, GNI — Gross National Income, LDC — The Least Developed Countries.

DESCRIPTION

The Czech Republic has always played an active role in international development co-operation. During the cold war, the former Czechoslovakia provided assistance to many developing countries. Despite its ideological subtext, this co-operation brought concrete results. After 1989, during the transformation period, Czechoslovakia benefited from technical and financial assistance of advanced countries and international institutions. This external support boosted the successful transformation process — the Czech Republic stands on the verge of accession to the European Union. But at the same time, this success makes the Czech Republic committed to support development in less fortunate countries and regions throughout the world.

The government policy of development assistance for less developed countries was already renewed in 1995. The volume of received assistance was gradually decreasing and on the other hand the Czech Republic was becoming more and more involved in international development co-operation as a donor. As an emerging donor, the Czech Republic gradually increased the volume and

effectiveness of development assistance in accordance with commitments of the United Nations Millennium Summit and results of related international conferences.

In its policy of development assistance, the Czech Republic adopts a multidimensional approach to the concept of poverty that is accepting that poverty reduction cannot be understood just in terms of economic development. Therefore, poverty is not just a mere lack of income, but rather a consequence of many social and environmental factors.

STATUS AND TRENDS

Situation in general

Czech Development Co-operation — supporting global partnership for development

The advanced level of Czech education, health care, industry and other sectors ensures that the Czech Republic has all the preconditions to effectively support the international community in its aim to eliminate poverty and to reach other development goals.

In 2002, the Czech Republic provided a total amount of 1,485 million CZK (about 50 million USD) development assistance, which amounts to 0.065 percent of the

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BOX 8.1:   Official Development Assistance (ODA)

Grants or Loans to developing countries and territories which are: (a) undertaken by the official sector; (b) with promotion of economic development and welfare as the main objective; (c) at concessional financial terms [if a loan, having a Grant Element of at least 25 per cent]. In addition to financial flows, Technical Co-operation is included in aid. Grants, Loans and credits for military purposes are excluded.

Czech GNI. An important share of funds was devoted to the benefit of the Least Developed Countries (LDCs), i.e. 69 percent — which represents 0.045 percent of the GNI.

Development assistance projects focus on sectors where the Czech Republic enjoys comparative advantages. The sectors include education (provided in the form of scholarships), environmental protection (hydrology, biodiversity), infrastructure (energy production, transport, nuclear safety), agriculture (rural development), geological survey and other priorities. The sectoral priorities of the Czech ODA include also basic social services, such as basic education (primary), health care and nutrition, safe water and sanitation. The Czech Republic is especially well placed to support the strengthening of the partner countries' institutional capacities based on its own recent experience with the political and economic transition.

A significant part of the Czech ODA (i.e. 380 million CZK) is dedicated to the debt relief for developing countries in the period of 2004—2006 representing up to 15 percent of the overall development budget. Some progress is being made also in reducing tariffs, quotas and agricultural subsidies. The Czech Republic plays also an active role in the implementation of the Heavily Indebted Poor Countries Initiative (HIPC).

Specific issues

Strengths and weaknesses

One of the main positive aspects is the fact that the Czech Republic was one of the first countries undergoing transformation to introduce, already in 1995, the official Government policy for development assistance and foreign aid programme based on principles comparable with policies of advanced donor countries. In 1995, the process of transformation from a primarily recipient to a donor country started. This transformation process can be particularly illustrated by the graduation process of the Czech Republic within the system of the World Bank.

BOX 8.2:   Examples of development activities financed by the Czech Government

Ecuador: Reforestation in the Andes (1999—2003)

The Czech Republic is passing on its wealth of forestry experience by means of this project aimed at revitalization of deforested upper reaches of the Andes. Czech experts are using the special Czech patented Patrik technology of procoated seedlings to renew the woodland.

Mongolia: Intensification of Egg and Poultry Production (2001—2005)

Through the transfer of modern poultry breeding technologies, the Czech Republic is helping to improve the nutrition of the local population. The successful implementation of this technology will support Mongolia in becoming self-sufficient in the production of poultry and eggs.

Ethiopia: Research into Water Resources (2001—2002)

The Czech Republic is contributing to the implementation of the Ethiopian National Programme to develop water resources by training local experts who can then evaluate the supply of groundwater and carry out hydrogeological mapping in the area.

According to annual assessments of all line ministries involved in the implementation of the Czech development co-operation programme, a number of development projects have been completed with clearly positive results, thus making significant contribution to development goals of the international community. These results at the same time fulfil targets of the Czech foreign policy and strengthen bilateral relations with many developing and transforming countries.

Despite positive aspects of development practices to date, the Czech system of development co-operation has had to deal with several objective shortcomings, especially regarding the volume of funding, institutional capacity, efficiency and transparency. The 'Assessment of Czech ODA programme', which was undertaken based on the Government decision already in 2000, demonstrated the fact that the Czech Republic has failed to secure appropriate volume of funding for foreign assistance. The one-year financing cycle was proved to be inappropriate for development assistance projects, since their implementation usually requires several years. The system has not yet formed sufficient conditions for the participation of NGOs, civil society and SMEs.

Until now, the Czech Republic is carrying out development assistance projects in more than fifty countries, which limits potential impact of development activities and significantly complicates all the monitoring and co-ordination. The establishment of uniform Project Cycle Management methodology has just started. From the institutional point of view, it seems to be necessary to build up an appropriate system of institutions ensuring the coherent implementation of development assistance, including the Czech Development Agency. Czech diplomatic missions should be more involved in implementation of development co-operation activities as well.

In early 2002, the Czech Government agreed on a new strategy (see below) which deals with all the described weaknesses. Nevertheless, the strategy itself, though a positive step forward, cannot guarantee the success, which is fully in the competence of all the development constituency stakeholders.

Legal and institutional background

The current programme of Development Co-operation is based on Government Decision № 153/1995, which allocated considerable competencies to line ministries, based on the Competency Act. This Act designates the Ministry of Foreign Affairs (MFA) as a supreme body for co-ordinating the implementation of the Czech foreign policy, taking advantage of its network of representative offices abroad. The MFA is to exercise its role as ODA co-ordinator by convening regular inter-ministerial meetings. The Treasury provides the funding for ODA financing directly, instead through the MFA budget. The tasks of MFA include, inter alia, preparing and presenting concepts of the ODA programme, setting out the territorial and sectoral priorities and estimating prospective volumes of funding and structuring of the ODA programme, preparing annual ODA plans and presenting them to the Government, providing information, maintaining ODA statistics and co-ordinating ODA activities with the EU and OECD.

In January 2002, the Government agreed on the 'Concept of Czech ODA for 2002—2007'. Its purpose was to define new principles and priorities of development co-operation, building the whole strategy on principles of development partnership, recipient responsibility and improved efficiency and transparency.

The concept also introduced a two-phase approach to the modernisation and reform of the Czech ODA programme. While the new strategy underlines that the main responsibility for implementation of ODA projects rests with line ministries, it also deals with the role of the later on established Development Centre. The Centre, as the main supporting expert body for the Ministry of Foreign Affairs, undertakes activities like appraisal of proposals for long term programmes and specific development assistance projects, Monitoring and Evaluation, co-operation with institutions of ODA donor countries, training of experts working in the ODA programme, and co-ordinating research in the area of development assistance.

Based on the concept, the Czech Development Agency should be established, subject of the Government decision. The Agency will build upon the institutional and human capacities of the existing Development Centre.

EU membership

The Czech Republic has pledged to adopt and apply EC primary legislation in the field of development aid policy as of the date of its entry into the EU without exceptions and transitional periods. This means in particular the adoption of the obligation to coordinate its policy in the field of development cooperation and to harmonize its programmes with the EU and the member countries, including a coordinated approach in international organizations and conferences, and the assumption of the obligation to contribute to the realization of Community assistance programmes.

The opportunity of the Czech Republic to provide development and humanitarian assistance on both bilateral and multilateral

basis will not be affected. On the contrary, the Czech Republic intends to maintain and further strengthen its development co-operation programme even after its entry into the EU and to make use of the synergy and complementarity of the Community assistance programmes.

POLICIES FOR GOAL ACHIEVEMENT

As stated in the latest Human Development Report,[32] reaching the Millennium Development Goals would require nearly doubling ODA volumes of advanced donor countries. But increasing the volume of assistance is not enough. To accelerate the progress towards the Goals, assistance should be made more effectively and should focus on stronger governance in partner countries and their increased ownership. Key principles that should govern aid practices are untying of aid, better co-ordination among donors and an increase of the volume.

These are the challenges which are currently shaping the new Czech ODA programme.

The Czech Republic shall implement the following measures to support the achievement of international development goals and to become compatible with the EU and other donor countries, which are joined in the OECD:

- Concentrate development activities into selected priority countries (to reach higher impact) and formulate appropriate development programmes;
- Introduce OECD standard Project Cycle Management methodology which would also enable Czech stakeholders to actively participate in the implementation of EU development interventions;
- Introduce a new institutional framework for the Czech development co-operation, including the establishment of the Development Agency and significantly involve Czech diplomatic missions;
- Secure appropriate stability and volume of financing to reach the EU Barcelona commitment of 0.33 percent of ODA as a percentage of GNI.

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[32] UNDP Human Development Report 2003, 'Millennium Development Goals: A compact among nations to end human poverty', UNDP, New York, 2003.

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EXPLANATORY NOTES

Goal 1
Absolute poverty
The status of a household and/or its members as defined by the volume of incomes the household requires in order to meet the needs of its members. A household is classified as poor when its income falls below the absolute poverty line (i.e. subsistence minimum or wage minimum).

Deciles (decile group)
A decile group is one tenth of all households arranged by their incomes from minimum to maximum. The first decile group is the first one tenth (the 10% of all household with lowest incomes). The last decile is the one tenth of the households with the highest incomes.

Gini Coefficient
The Gini coefficient measures the degree of inequality of the distribution of earnings. It is equal to zero in the case of total earnings equality and to one in the case of total inequality.

Human Development Index
The Human Development Index was designed to complement the narrow income-based measure of poverty. The index consists of three components (incomes, education and health) that intend to capture a broader field of human development. The three components cover three essential choices, to live a long and healthy life, to acquire knowledge and to have access to resources for a decent standard of living.

Incidence of Poverty
Measures the percentage of the population or of a particular population group (when analysis is disaggregated by groups) living below an established poverty line.

Nomenclature of territorial units for statistics (NUTS)
The NUTS is a single uniform breakdown of territorial units defined for EU Member States and Candidate Countries by EUROSTAT. It provides a classification or harmonization of measurement of sub-national regions and administrative levels for the purposes of regional comparisons. The aim of using NUTS is to ensure that regions of comparable size all appear at the same level, making it possible to compare policies from one country at a certain NUTS level with policies from another country at the same NUTS level.

OECD equivalence scale
Adjustment coefficient used to reflect the economies of scale in households of different size and composition, so that per capita income and expenditures comparisons between them are relevant. This adjustment is based on the assumption that certain household expenditures are independent of the number of household members. OECD equivalence scales assigns the coefficient 1 to the first household member, 0.5 to the second household member, and 0.3 to a child when calculating household incomes per capita. Thus applying equivalence scales to poverty analysis, a three-member household receiving a total of 1200 € from all possible sources would be treated as having per capita household incomes = 1200/(1 + 0.5 + 0.3) = 666.7 € (and not 400 € as it would appear from an unweighted average).

Poverty
Poverty is the status of well-being of the individual and/or household. Because of its multidimensional there are different ways to measure it and various definitions. Depending on the approach to measurement, we distinguish between "absolute" and "relative" poverty. Depending on its definition, we distinguish between "income poverty" (reduced to purely economic dimensions, defining poverty in terms of income or consumption) and "human poverty" (which

takes a sustainable livelihoods approach to poverty and draws on three perspectives of poverty: income, basic needs and capability). Since "human poverty" measurement is difficult and often controversial, poverty analysis uses primarily absolute and relative poverty.

Purchasing Power Parity (PPP$)

PPP$ is a way of expressing the value of GDP or incomes from different countries (usually with different price structures) through the use of a common denominator allowing international comparisons. The need for such common denominator comes from the fact that the price proportions of different goods in a consumer basket are different in different countries hence converting the national currency values to USD using a standard exchange rate is not sufficient to reflect different real costs of living across countries. The GDP value expressed in PPP$ reflects what the real incomes of the population would have been if the price structure in the country was similar to those in the US.

Relative poverty

Unlike absolute poverty, which is determined by a fixed value (minimum incomes or expenditures necessary for survival), the relative poverty is poverty vis-à-vis others. The poverty threshold in this case is derived from the incomes or expenditures of other households (most often the value of 60 % of median equivalent income is used).

Social exclusion

Social exclusion is a concept reflecting the inequality of individuals or entire groups of a population in their participation in the life of society. Social exclusion can be associated with limited or blocked access to the social system or long-term unemployment based on various factors, such as group characteristics related to ethnic affiliation or sexual orientation, health status (HIV-AIDS), or socially stigmatized categories (e.g., ex-prisoners or drug abusers).

Goal 2
Enrolment Rates (gross and net)

A gross enrolment rate expresses the total number of children of any age group enrolled in a schooling level for that group as a percentage of the total number of children attending that school level. Net enrolment rate only includes those children who are from the age group supposed to attend this particular educational level. This means that 'repeaters' are counted in the gross enrolment rate (ER) but not in the net ER explaining why most often gross ER is higher than net ER.

International Adult Literacy Survey (IALS)

The International Adult Literacy Survey database was a seven-country initiative conducted in the fall of 1994. Its goal was to create comparable literacy profiles across national, linguistic and cultural boundaries. The survey also offers the world's only source of comparative data on participation in adult education and training. A second and a third round of data collection of IALS were conducted in 1996.

International Standard Classification of Education (ISCED)

ISCED was designed by UNESCO in the early 1970s to serve as an instrument suitable for assembling, compiling and presenting statistics of education both within individual countries and internationally.

Name of level	Code
Pre-primary education	0
Primary education First stage of basic education	1
Lower secondary education Second stage of basic education	2
(Upper) secondary education	3
Post-secondary non tertiary education	4
First stage of tertiary education (not leading directly to an advanced research qualification)	5
Second stage of tertiary education (leading to an advanced research qualification)	6

Program for International Student Assessment (PISA)

PISA is a three-yearly survey of the knowledge and skills of 15-year-olds in the principal industrialized countries done by the OECD. The survey consists of 265,000 students from 32 countries. It assesses to what extent students near the end of compulsory education have acquired the knowledge and skills essential for full participation in society. It presents evidence on student performance in reading, mathematical and scientific literacy, reveals factors that influence the development of these skills at home and at school, and examines implications for policy development.

Third International Mathematics and Science Survey (TIMSS)

Offered in 1995, 1999, and 2003, TIMSS provides trend data on students' mathematics and science achievement from an international perspective. TIMSS 1999 was conducted by the International Study Center at Boston College and included 38 countries. The 1999 assessment measured the mathematics and science achievements of eighth-grade students (ages 13 and 14 years) and collected extensive information from students, teachers, and school principals about mathematics and science curricula, instruction, home contexts, and school characteristics and policies.

Goal 3
Proportion of seats held by women in national parliaments
The number of seats held by women, expressed as a percentage of all occupied seats.

Ratio of girls to boys in primary, secondary and tertiary education
The ratio of the number of female to male students enrolled at primary, secondary and tertiary levels in public and private schools.

Goal 4
Child mortality
The number of deaths of children under the age of five per 1,000 live births.

Infant mortality
The number of deaths of children under the age of one per 1,000 live births.

Goal 5
Maternal mortality rate
The maternal mortality ratio is the number of women who die from any cause related to or aggravated by pregnancy or its management (excluding accidental or incidental causes) during pregnancy and childbirth or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, per 100,000 live births.

Goal 6

HIV/AIDS prevalence rate

The proportion of individuals in a population who have HIV at a specific point in time. UNAIDS normally reports HIV prevalence among adults, aged 15—49.

Tuberculosis (TB) prevalence rate

Tuberculosis (TB) prevalence is the number of cases of TB per 100,000 people. Death rates associated with TB are deaths caused by TB per 100,000 people.

Goal 7

Carbon dioxide emissions

Carbon dioxide emissions per capita are given by the total amount of carbon dioxide emitted by a country as a consequence of human (production and consumption) activities, divided by the population of the country.

Proportion of the population with sustainable access to an improved water source, urban and rural

Percentage of the population who use any of the following types of water supply for drinking: piped water, public tap; borehole/pump; protected well; protected spring; rainwater.

Proportion of the urban and rural population with access to improved sanitation

Refers to the percentage of the population with access to facilities which hygienically separates human excreta from human, animal, and insect contact.

NATIONAL MDG TARGETS AND INDICATORS

Goal 1: Eradicate extreme poverty and hunger	Base Year	2015
Target 1: Reduce poverty among single mothers		
1. Indicator: Low income rate of single mothers (in %)	34.9 (mid 1990s)	20
Target 2: Reduce long-term unemployment		
1. Indicator: Long-term unemployment rate (per labour force, in %)	3.8 (2002)	3
Target 3: Reduce the number of recipients of social benefits		
1. Indicator: Number of recipients of social benefits (in thousands)	471 (2001)	400
Goal 2: Achieve universal primary education	2001	2015
Target 1: Enable three quarters of young people to pass secondary education at grammar or technical schools		
1. Indicator: The share of newly-enrolled students at grammar or technical schools per the size of the respective population group of 15 (or 14) year-olds (in %)	64	75
2. Indicator: The share of newly-enrolled students at grammar schools per the size of the respective population group of 15 (or 14) year-olds (in %)	19.1	30
Target 2: Ensure one half of the related age group the opportunity to enter one of the forms of tertiary education		
1. Indicator: The share of newly-enrolled students in tertiary education per the size of the population group of 19 (or 18) year-olds (in %)	39.7	50
Target 3: Prolong the average duration of the education process and thus match the current average in the countries of the European Union		
1. Indicator: Expected duration of education of a 5 year-old child (in years)	16	16.7
Goal 3: Promote gender equality and empower women	Base Year	2015
Target 1: Reduce differences in the earnings of men and women		
1. Indicator: Ratio of women's earnings to men's earnings	0.73 (2000)	0.8
Target 2: Improve the position of women in decision-making processes		
1. Indicator: Participation of women in the Senate and the Parliament (in %)	15 (2002)	25
Goal 4: Reduce child mortality	2002	2015
Target 1: Maintain the attained low level of infant and perinatal mortality		
1. Indicator: Infant mortality (per thousand live births)	4.1	4
2. Indicator: Perinatal mortality (per thousand births)	4.5	4.5
Target 2: Reduce the number of children with congenital malformations		
1. Indicator: Live-born children with congenital malformations per 10,000 live births	338.2 (2001)	200
Goal 5: Improve maternal health	2002	2015
Target 1: Create favourable conditions for childbearing		
1. Indicator: Total fertility rate (per 1 woman)	1.17	1.5
Target 2: Strengthen reproductive health		
1. Indicator: Maternal mortality rate (per 100,000 live births)	3.2	3
2. Indicator: Share of deliveries assisted by skilled personnel (in %)	98.5 (2001)	99

Goal 6: Combat HIV/AIDS, malaria and other diseases	2002	2015
Target 1: Reduce morbidity and premature mortality caused by main chronic diseases		
1. Indicator: Life expectancy at birth, Males/Females	72.1/78.5	75/81
2. Indicator: Standardised mortality rate caused by diseases of the circulatory system, Males/Females (per 100,000 citizens — European standard)	561/379	350/210
3. Indicator: Standardised mortality rate caused by diseases of malignant tumours, Males/Females (per 100,000 citizens — European standard)	323/175	280—300/160—170
Target 2: Reduce incidence of injuries and their after-effects		
1. Indicator: Standardised mortality rate due to external causes, Males/Females (per 100,000 citizens — European standard)	91/33	58/23
Target 3: Maintain incidence of HIV/AIDS and tuberculosis at least at the existing level		
1. Indicator: HIV/AIDS incidence (per 1 million citizens)	4.8	5 and fewer
2. Indicator: Tuberculosis incidence (per 100,000 citizens)	11.8	12 and fewer
Goal 7: Ensure environmental sustainability	2002	2015
Target 1: Integrate principles of sustainable development into national policies and programmes, and reverse the loss of environmental resources		
1. Indicator: Proportion of land area covered by forest (in %)	33.5	steady or increase
2. Indicator: Ratio of protected area to surface area for maintenance of biological diversity (in %)	15.9	increase
3. Indicator: Energy use (kg oil equivalent) per USD 1 GDP (PPP)	0.29 (2001)	decrease
4. Indicator: Carbon dioxide emissions (t CO_2 per capita)	12.1 (2000)	decrease
5. Indicator: Material intensity (Total Material Requirements in tonnes per capita)	65.5 (2000)	decrease
6. Indicator: Road traffic intensity (passenger and goods) (veh-km per capita)	3.894 (2000)	Support environmental-friendly transport
Target 2: Reduce the proportion of people without access to safe drinking water and improved sanitation		
1. Indicator: Proportion of population with sustainable access to an improved water source, urban and rural (in %)	89.8	increase
2. Indicator: Proportion of urban population with access to improved sanitation (in %)	77.4	increase
Goal 8: Develop a global partnership for development	2002	2006
Target 1: Approach the commitments of EU and OECD in volume of financing ODA		
1. Indicator: Net ODA as a percentage of GNI	0.065	0.13
2. Indicator: Net ODA to LDCs as a percentage of GNI	0.045	n.a.

MILLENNIUM DEVELOPMENT GOALS

Goals and Targets (from the Millennium Declaration)	Indicators for monitoring progress
Goal 1: Eradicate extreme poverty and hunger	
Target 1: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day	1. Proportion of population below $1 (PPP) per day [a] 2. Poverty gap ratio [incidence x depth of poverty] 3. Share of poorest quintile in national consumption
Target 2: Halve, between 1990 and 2015, the proportion of people who suffer from hunger	4. Prevalence of underweight children under-five years of age 5. Proportion of population below minimum level of dietary energy consumption
Goal 2: Achieve universal primary education	
Target 3: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	6. Net enrolment ratio in primary education 7. Proportion of pupils starting grade 1 who reach grade 5 8. Literacy rate of 15—24 year-olds
Goal 3: Promote gender equality and empower women	
Target 4: Eliminate gender disparity in primary and secondary education preferably by 2005 and to all levels of education no later than 2015	9. Ratios of girls to boys in primary, secondary and tertiary education 10. Ratio of literate females to males of 15—24 year-olds 11. Share of women in wage employment in the nonagricultural sector 12. Proportion of seats held by women in national parliament
Goal 4: Reduce child mortality	
Target 5: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	13. Under-five mortality rate 14. Infant mortality rate 15. Proportion of 1 year-old children immunised against measles
Goal 5: Improve maternal health	
Target 6: Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio	16. Maternal mortality ratio 17. Proportion of births attended by skilled health personnel
Goal 6: Combat HIV/AIDS, malaria and other diseases	
Target 7: Have halted by 2015 and begun to reverse the spread of HIV/AIDS	18. HIV prevalence among 15—24 year old pregnant women 19. Condom use rate of the contraceptive prevalence rate [b] 20. Number of children orphaned by HIV/AIDS [c]
Target 8: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases	21. Prevalence and death rates associated with malaria 22. Proportion of population in malaria risk areas using effective malaria prevention and treatment measures [d] 23. Prevalence and death rates associated with tuberculosis 24. Proportion of tuberculosis cases detected and cured under directly observed treatment short course (DOTS)
Goal 7: Ensure environmental sustainability	
Target 9: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources	25. Proportion of land area covered by forest 26. Ratio of area protected to maintain biological diversity to surface area 27. Energy use (kg oil equivalent) per $1 GDP (PPP) 28. Carbon dioxide emissions (per capita) and consumption of ozone-depleting CFCs (ODP tons) 29. Proportion of population using solid fuels
Target 10: Halve, by 2015, the proportion of people without sustainable access to safe drinking water	30. Proportion of population with sustainable access to an improved water source, urban and rural
Target 11: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers	31. Proportion of urban population with access to improved sanitation 32. Proportion of households with access to secure tenure (owned or rented)

Goal 8:	Develop a global partnership for developmen	
Target 12:	Develop further an open, rule-based, predictable, non-discriminatory trading and financial system Includes a commitment to good governance, development, and poverty reduction — both nationally and internationally	Some of the indicators listed below are monitored separately for the least developed countries (LDCs), Africa, landlocked countries and small island developing States. **Official development assistance** 33. Net ODA, total and to LDCs, as percentage of OECD/DAC donors' gross national income 34. Proportion of total bilateral, sector-allocable ODA of OECD/DAC donors to basic social services (basic education, primary health care, nutrition, safe water and sanitation)
Target 13:	Address the special needs of the least developed countries Includes: tariff and quota free access for least developed countries' exports; enhanced programme of debt relief for HIPC and cancellation of official bilateral debt; and more generous ODA for countries committed to poverty reduction	35. Proportion of bilateral ODA of OECD/DAC donors that is untied 36. ODA received in landlocked countries as proportion of their GNIs 37. ODA received in small island developing States as proportion of their GNIs
Target 14:	Address the special needs of landlocked countries and small island developing States (through the Programme of Action for the Sustainable Development of Small Island Developing States and the outcome of the twenty-second special session of the General Assembly)	**Market access** 38. Proportion of total developed country imports (by value and excluding arms) from developing countries and LDCs, admitted free of duties 39. Average tariffs imposed by developed countries on agricultural products and textiles and clothing from developing countries 40. Agricultural support estimate for OECD countries as percentage of their GDP 41. Proportion of ODA provided to help build trade capacity [e]
Target 15:	Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term	**Debt sustainability** 42. Total number of countries that have reached their HIPC decision points and number that have reached their HIPC completion points (cumulative) 43. Debt relief committed under HIPC initiative, US$ 44. Debt service as a percentage of exports of goods and services
Target 16:	In co-operation with developing countries, develop and implement strategies for decent and productive work for youth	45. Unemployment rate of 15—24 year-olds, each sex and total [f]
Target 17:	In co-operation with pharmaceutical companies, provide access to affordable, essential drugs in developing countries	46. Proportion of population with access to affordable essential drugs on a sustainable basis
Target 18:	In co-operation with the private sector, make available the benefits of new technologies, especially information and communications	47. Telephone lines and cellular subscribers per 100 population 48. Personal computers in use per 100 population and Internet users per 100 population

The Millennium Development Goals and targets come from the Millennium Declaration signed by 189 countries, including 147 Heads of State, in September 2000 (www.un.org/documents/ga/res/55/a55r002.pdf - A/RES/55/2). The goals and targets are inter-related and should be seen as a whole. They represent a partnership between the developed countries and the developing countries determined, as the Declaration states, "to create an environment — at the national and global levels alike — which is conducive to development and the elimination of poverty."

[a] For monitoring country poverty trends, indicators based on national poverty lines should be used, where available.

[b] Amongst contraceptive methods, only condoms are effective in preventing HIV transmission. The contraceptive prevalence rate is also useful in tracking progress in other health, gender and poverty goals. Because the condom use rate is only measured amongst women in union, it will be supplemented by an indicator on condom use in high risk situations. These indicators will be augmented with an indicator of knowledge and misconceptions regarding HIV/AIDS by 15—24 year-olds (UNICEF — WHO).

[c] To be measured by the ratio of proportion of orphans to non-orphans aged 10-14 who are attending school.

[d] Prevention to be measured by the % of under 5s sleeping under insecticide treated bednets; treatment to be measured by % of under 5s who are appropriately treated.

[e] OECD and WTO are collecting data that will be available from 2001 onwards.

[f] An improved measure of the target is under development by ILO for future years.

EU INDICATORS OF SOCIAL EXCLUSION

Primary indicators

	Indicator	Definition	Data sources + most recent year available
1a	Low income rate after transfers with breakdowns by age and gender	Percentage of individuals living in households where the total equivalised household income is below 60% national equivalised median income. Age groups are: 1. 0—15, 2. 16—24, 3. 25—49, 4. 50—64, 5. 65+. Gender breakdown for all age groups + total	Eurostat ECHP 1997
1b	Low income rate after transfers with breakdowns by most frequent activity status	Percentage of individuals aged 16+ living in — households where the total equivalised household income is below 60% national equivalised median income. Most frequent activity status: 1. employed, 2. self-employed, 3. unemployed, 4. retired, 5. inactives-other. Gender breakdown for all categories + total	Eurostat ECHP 1997
1c	Low income rate after transfers with breakdowns by household type	Percentage of individuals living in households where the total equivalised household income is below 60 % national equivalised median income. 1. 1 person household, under 30 yers old 2. 1 person household, 30—64 3. 1 person household 65+ 4. 2 adults without dependent child, at least one person 65+ 5. 2 adults without dependent child, both under 65 6. other households without dep. Children 7. single parents, dependent child 1+ 8. 2 adults, 1 dependent child 9. 2 adults, 3+ dependent children 10. 2 adults, 3+ dependent children 11. other households with dependent children 12. total	Eurostat ECHP 1997
1d	Low income rate after transfers with breakdowns by tenure status	Percentage of indivi duals living in household! where the total equivalised household income is below 60 % national equivalised median income. 1. Owner or rent free 2. Tenant 3. Total	Eurostat ECHP 1997
1e	Low income threshold (illustrative values)	The value of the low income threshold (60 % median national equiva1ised income) in PPS, Euro and national currency for: 1. Single person household 2. Household with 2 adults, two children	Eurostat ECHP 1997
2	Distribution of income	S80/S20: Ratio between the national equivalised income of the top 20 % of the income distribution to the bottom 20 %.	Eurostat ECHP 1997
3	Persistence of low income	Persons living in households where the total equivalised household income was below 60% median national equivalised income in year n and (at least) two years of years $n-1$, $n-2$, $n-3$. Gender breakdown + total	Eurostat ECHP 1997
4	Relative median low income gap	Difference between the median income of persons below the low income threshold and the low income threshold, expressed as a percentage of the low income threshold. Gender breakdown + total	Eurostat ECHP 1997
5	Regional cohesion	Coefficient of variation of employment rates at NUTS 2 level	Eurostat LFS 2000
6	Long term unemployment rate	Total long-term unemployed population (≥12 months; ILO definition) as proportion of total active population; Gender breakdown + total	Eurostat LFS 2000

7	Persons living in jobless households	Persons aged 0—65 (0—60) living in households where none is working out of the persons living in eligible households. Eligible households are all except those where everybody falls in one of these categories: • aged less than 18 years old • aged 18—24 in education and inactive • aged 65 (60) and over and not working	Eurostat LFS 2000
8	Early school leavers not in education or training	Share of total population of 18—24-year olds having achieved ISCED level 2 or less and not attending education or training. Gender breakdown + total	Eurostat LFS 2000
9	Life expectancy at birth	Number of years a person may be expected to live, starting at age 0, for Males and Females	Eurostat demografická statistika
10	Self defined health status by income level	Ratio of the proportions in the bottom and top quintile groups (by equivalised income) of the population aged 16 and over who classify themselves as in a bad or very bad state of health on the WHO definition Gender breakdown + total	Eurostat ECHP 1997

Secondary indicators

	Indicator	Definition	Data sources + most recent year available
11	Dispersion the low income threshold	Persons living in households where the total equivalised household income was below 40, 50 and 70% median national equivalised income	Eurostat ECHP 1997
12	Low income rate anchored at a moment in time	Base year ECHP 1995. 1. low income rate in 1997 (= indicator 1) 2. Relative low income rate in 1995 multiplied by the inflation factor of 1994/96	Eurostat ECHP 1997
13	Low income rate before transfers	Relative low income rate where income is calculated as follows: 1. Income excluding all social transfers 2. Income including retirement pensions and survivors pensions. 3. Income-after all social transfers (= indicator) Gender breakdown + total	Eurostat ECHP 1997
14	Gini coefficient	The relationship of shares of the population arranged according to the level of income, to the cumulative share of the total amount received by them	Eurostat ECHP 1997
15	Persistence of low income (below 50 % of median income)	Persons living in households where the total equivalised household income was below 50 % median national equivalised income in year n and (at least) two years of years $n-2$, $n-3$. Gender breakdown + total	Eurostat ECHP 1997
16	Long term unemployment share	Total long-term unemployed population ($\geq$12 months; ILO definition) as proportion of total unemployed population; Gender breakdown + total	Eurostat LFS 2000
17	Very long term unemployment rate	Total very long-term unemployed population ($\geq$24 months; ILO definition) as proportion of total active population; Gender breakdown + total	Eurostat LFS 2000
18	Persons with low educational attainment	Educational attainment rate of ISCED level 2 or less for adult education by age groups (25—34, 35—44, 45—54, 55—64). Gender breakdown + total	Eurostat LFS 2000

Note: ECHP — European Community Household Panel; LFS — Labour Force Survey

Source: Social Protection Committee, 'Report on Indicators in the field of poverty and social exclusion', Social Protection Committee, Brussels, October 2001.

UNDP is the UN's global development network, advocating for change and connecting countries to knowledge, experience and resources to help people build a better life. We are on the ground in 166 countries, working with them on their own solutions to global and national development challenges. As they develop local capacity, they draw on the people of UNDP and our wide range of partners. World leaders have pledged to achieve the Millennium Development Goals, including the overarching goal of cutting poverty in half by 2015. UNDP's network links and coordinates global and national efforts to reach these Goals.